



## CaRMS Online User Manual

We recommend you use a supported browser when accessing CaRMS Online.

CaRMS supports the following browsers:

For PC:

[Chrome](#) (recommended for the best user experience)

[Firefox](#) 14.0 or higher

[Internet Explorer](#) 9\*

For MAC:

[Chrome](#) (recommended for the best user experience)

[Safari](#) 5.0 or higher

\*If you have upgraded to the newer Internet Explorer (IE) 10, you may experience some difficulties accessing CaRMS Online.

Activating “Compatibility view” under “Tools” in the browser is recommended. IE8 also has limited functionality.

If you are not using a supported browser, unexpected errors may occur. We apologize for any inconvenience, and recommend that you upgrade to a supported browser.

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# 1-Request for registration

Current-year graduates of Canadian medical schools are automatically registered for the R-1 Match by their undergraduate office. All other applicants must complete a request for registration.

To request registration for the R-1 Main Residency Match, visit [carms.ca](http://carms.ca). Place your cursor over **Residency Matches**, where you will see a dropdown menu. Click on **Request for Registration**.

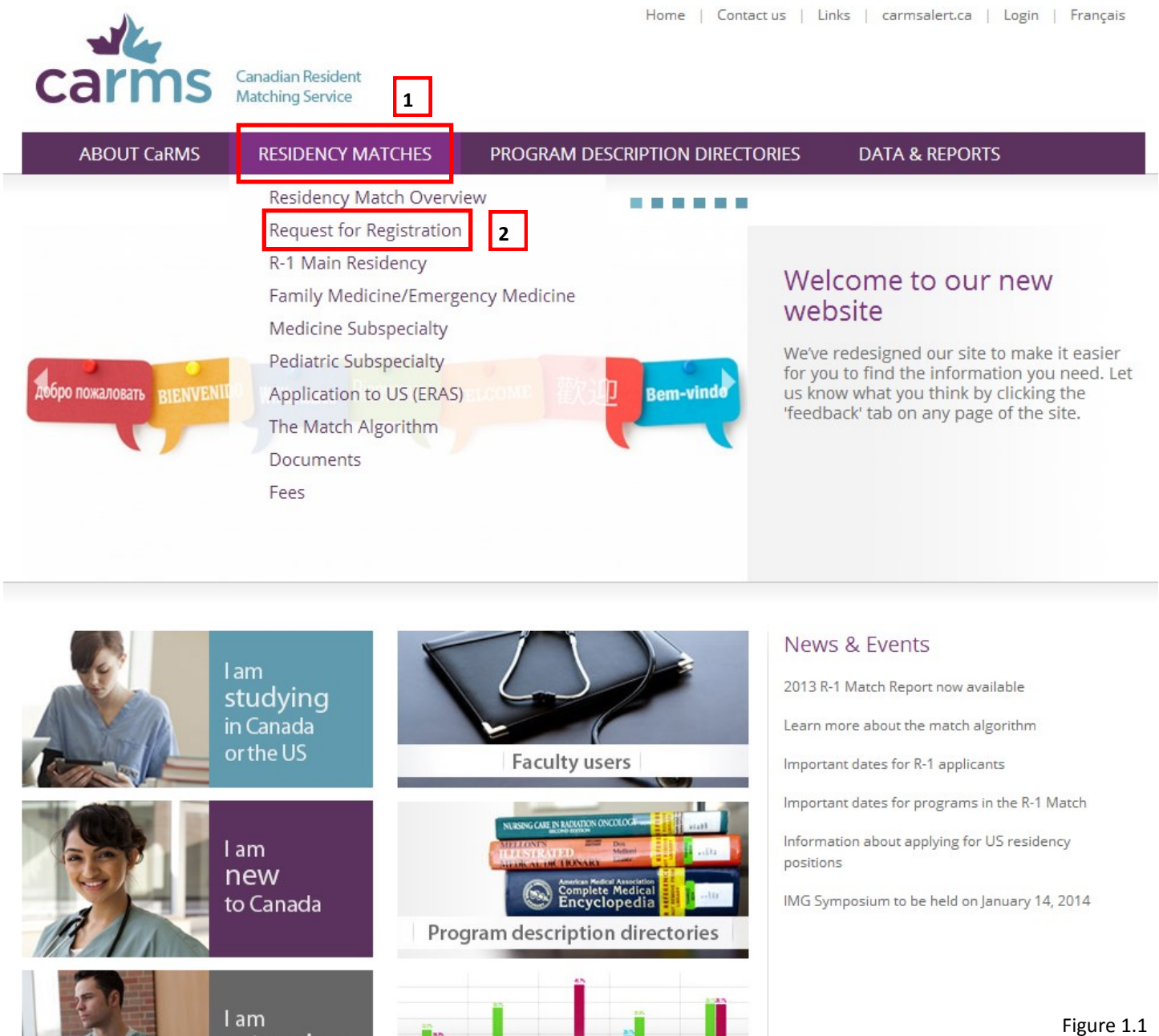


Figure 1.1

1. Place your cursor over **Residency Matches**.

2. Click **Request for Registration**

## Request for Registration

### R-1 Main Residency Match

If you are a current year graduate from a Canadian medical school or you participated in last year's R-1 Match, you are **not required** to request registration. All others wishing to participate in the match must **request registration**. Please review the **detailed instructions** on the R-1 Match page before proceeding.

1

### Family Medicine / Emergency Medicine (FM/EM) Match

The first step in participating in the FM/EM match is **requesting registration**. Please review the **detailed instructions** on the FM/EM Match page before proceeding.

### Medicine Subspecialty Match (MSM)

The first step in participating in the MSM match is **requesting registration**. Please review the **detailed instructions** on the MSM Match page before proceeding.

### Pediatric Subspecialty Match (PSM)

The first step in participating in the PSM match is **requesting registration**. Please review the **detailed instructions** on the PSM Match page before proceeding.

**NOTE:** Request for registration is not currently available. Please refer to the **timetable** for more information.

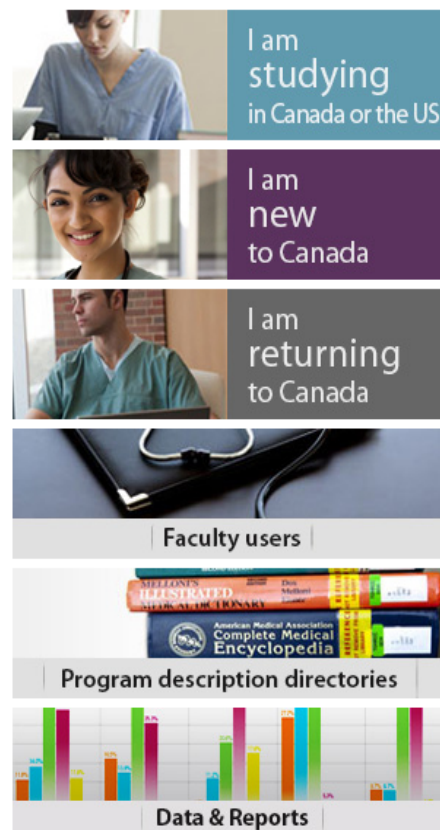


Figure 1.2

1. Click on **request registration**.

After clicking the **request registration** link on carms.ca, you will be redirected to the **Request for Registration** page in CaRMS Online. Please read the instructions carefully before moving on to the next step.

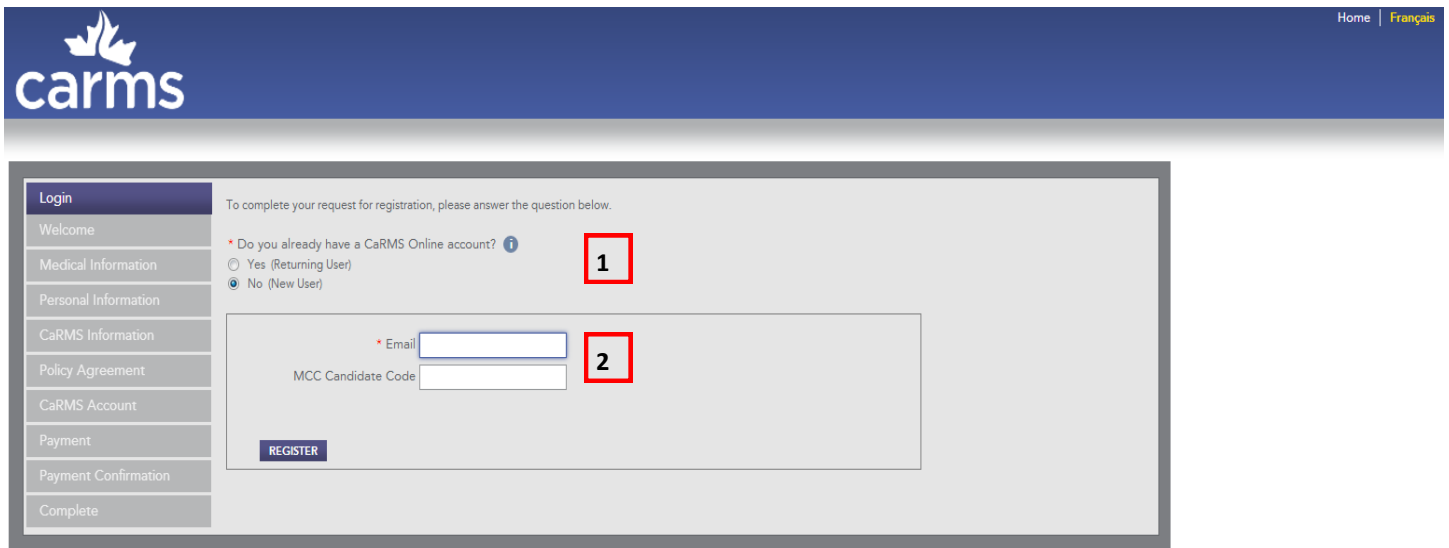


Figure 1.3

1. Confirm whether you are a new or returning user. Applicants who have never participated in a CaRMS match or who participated in a match **prior to the 2013 match** are considered new users.
2. Enter the email address you wish to use to communicate with CaRMS. Review the information you entered and click **REGISTER**.



Figure 1.4

1. Carefully review the information on the page. Click **NEXT** to continue.

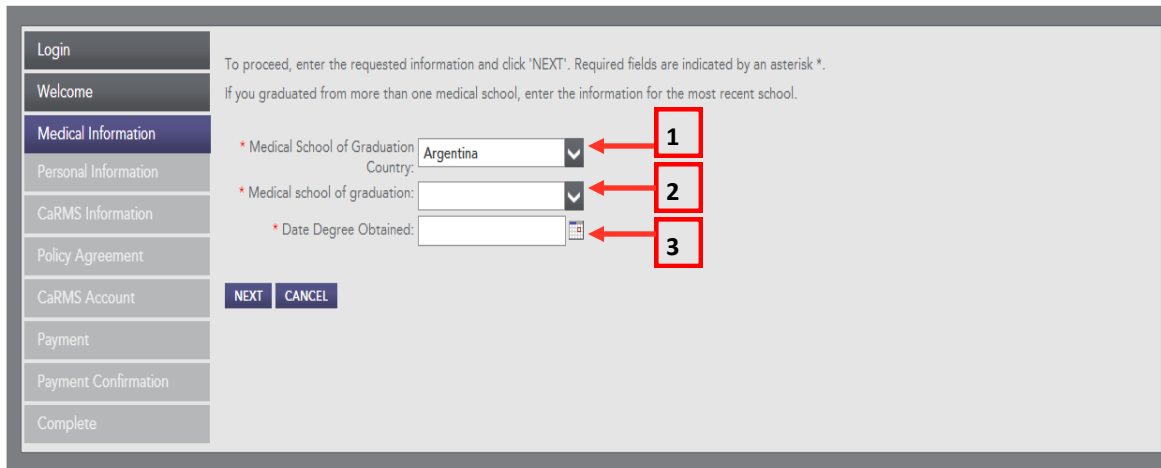


Figure 1.5

1. Select the country in which you graduated from medical school. If you graduated from more than one medical school, enter the information pertinent to your most recent school.
2. Select the name of the medical school from which you graduated.
3. Select the date you obtained your medical degree. This is the date you received your diploma. Review the information and click **NEXT** to continue.

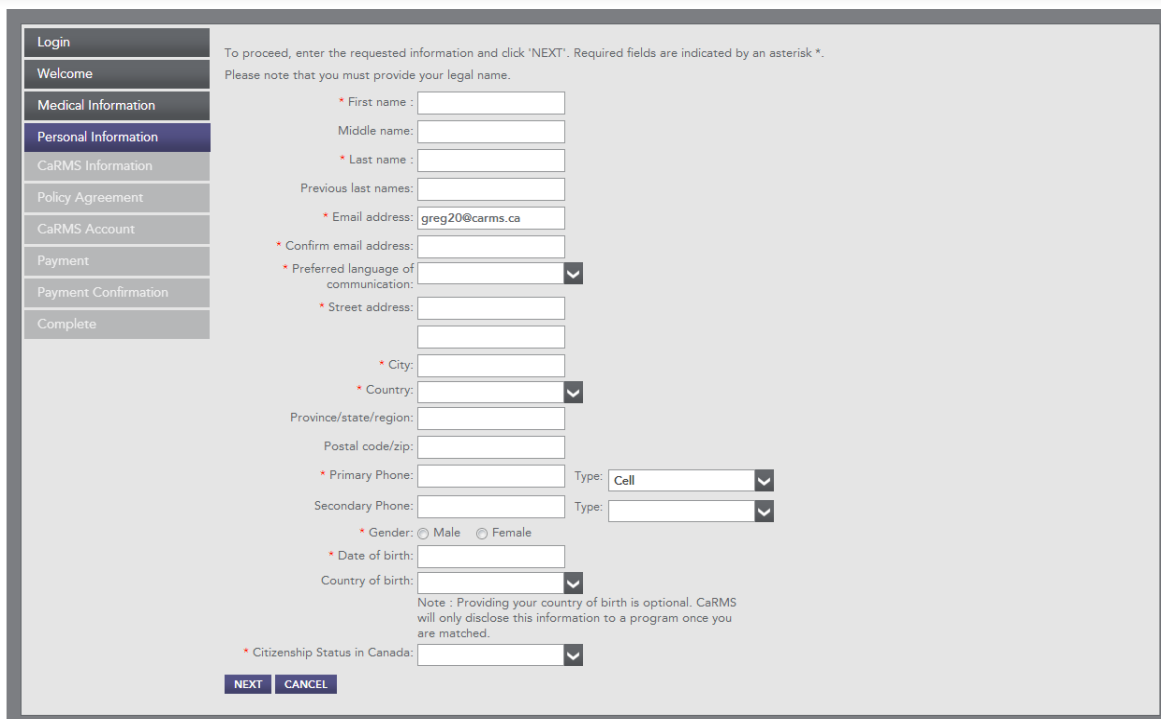


Figure 1.6

Fill in the required information. Mandatory fields are indicated by a red asterisk \*. Review the information and click **NEXT** to continue.

Indicate whether you have previously participated in a CaRMS match.

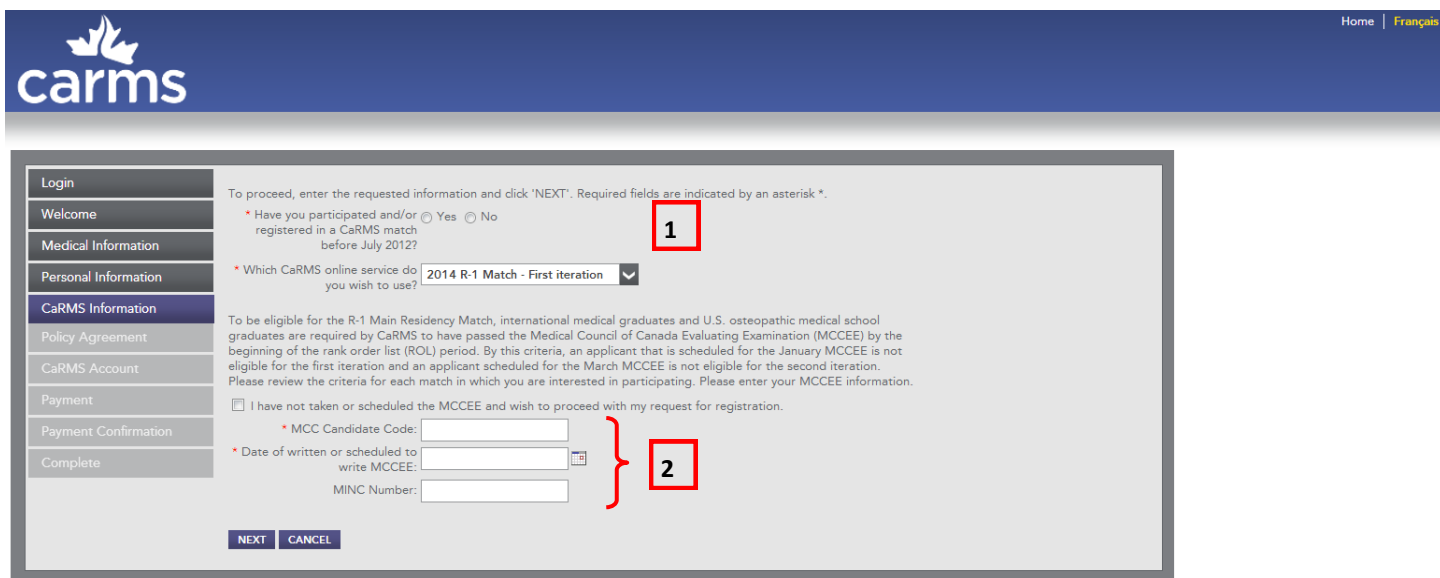


Figure 1.7

1. If you **have not** previously participated in a CaRMS match, click **no**. Select which CaRMS service you wish to use. For example, if you wish to participate in the first iteration of the R-1 Match, select **2014 R-1 Match—First Iteration**.
2. If you are an IMG and have taken the MCCEE, enter your MCC candidate code, and select the date you took the exam. If you have not taken the MCCEE, click the check box above the text fields.

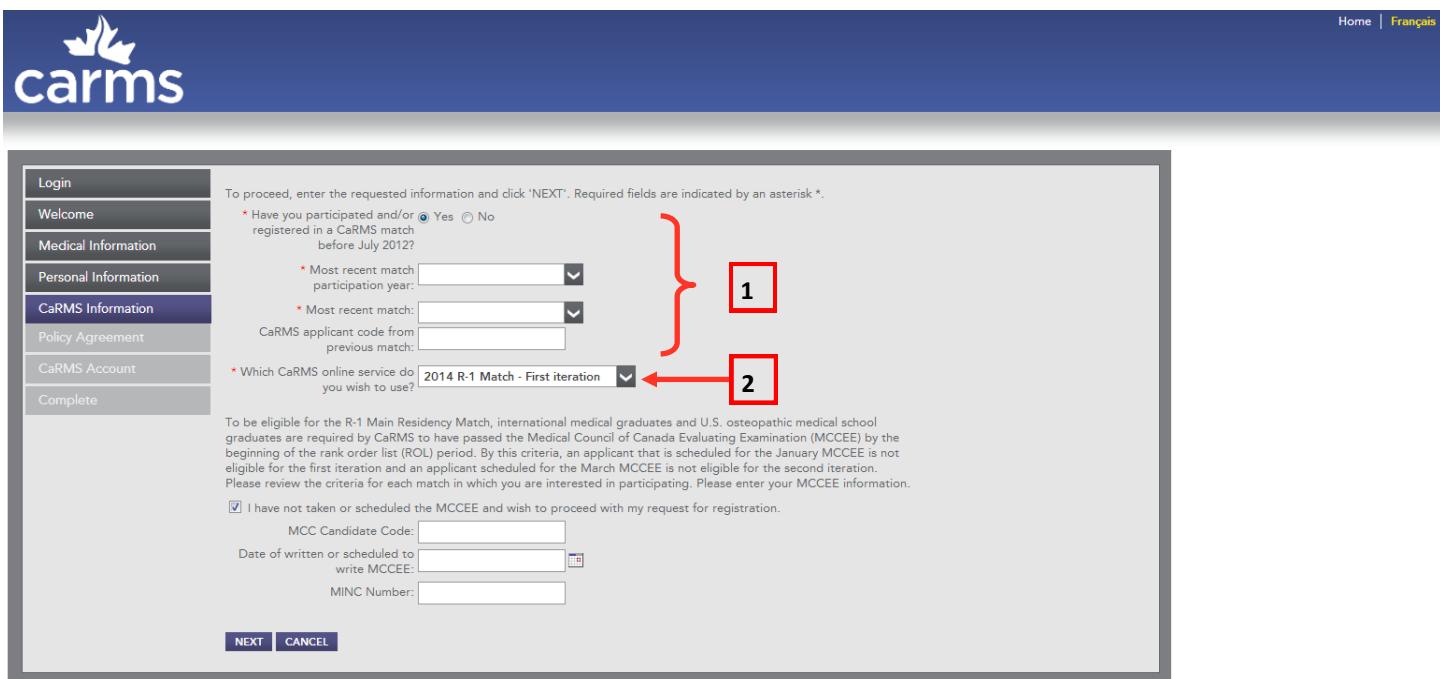
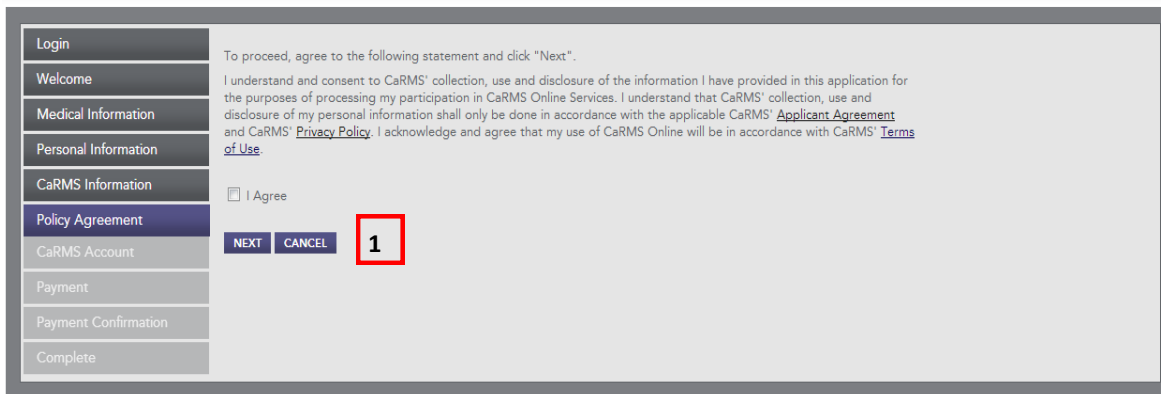


Figure 1.8

1. If you **have** previously participated in a CaRMS match, select **Yes**. Enter the required information in the appropriate fields. Mandatory fields are indicated by a red asterisk \*. If you were a previous applicant to the CaRMS match you will not be required to pay the verification fee.
2. Select which CaRMS service you wish to use. For example, if you wish to participate in the first iteration of the R-1 Match, select **2014 R-1 Match—First Iteration**.





Login

Welcome

Medical Information

Personal Information

CaRMS Information

Policy Agreement

CaRMS Account

Payment

Payment Confirmation

Complete

To proceed, agree to the following statement and click "Next".

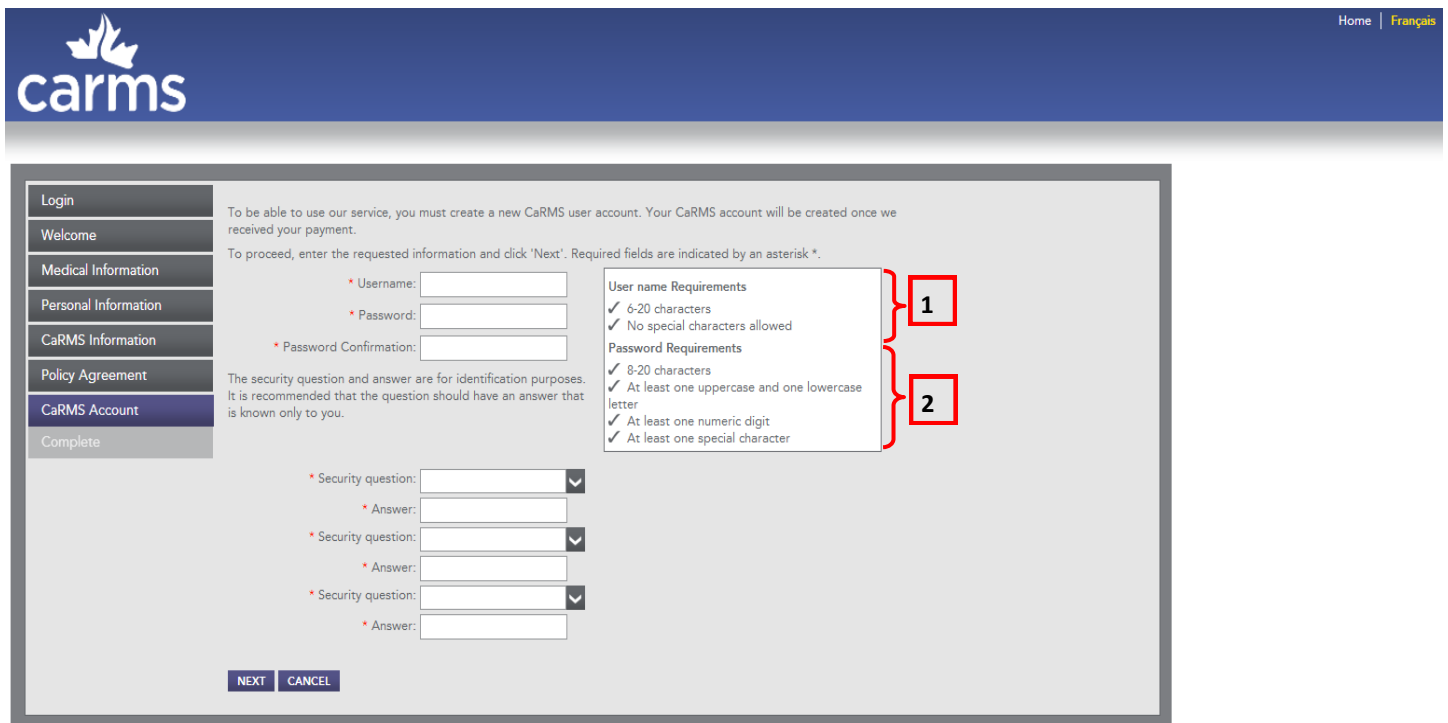
I understand and consent to CaRMS' collection, use and disclosure of the information I have provided in this application for the purposes of processing my participation in CaRMS Online Services. I understand that CaRMS' collection, use and disclosure of my personal information shall only be done in accordance with the applicable CaRMS' [Applicant Agreement](#) and CaRMS' [Privacy Policy](#). I acknowledge and agree that my use of CaRMS Online will be in accordance with CaRMS' [Terms of Use](#).

☐ I Agree

**NEXT** **CANCEL** **1**

Figure 1.9

- 1.** Carefully review CaRMS' policy agreement statement. Select **I Agree** and click **NEXT** to continue.



Login

Welcome

Medical Information

Personal Information

CaRMS Information

Policy Agreement

CaRMS Account

Complete

To be able to use our service, you must create a new CaRMS user account. Your CaRMS account will be created once we received your payment.

To proceed, enter the requested information and click 'Next'. Required fields are indicated by an asterisk \*.

\* Username:

\* Password:

\* Password Confirmation:

The security question and answer are for identification purposes. It is recommended that the question should have an answer that is known only to you.

\* Security question:

\* Answer:

\* Security question:

\* Answer:

\* Security question:

\* Answer:

**NEXT** **CANCEL**

**User name Requirements**

- ✓ 6-20 characters
- ✓ No special characters allowed

**Password Requirements**

- ✓ 8-20 characters
- ✓ At least one uppercase and one lowercase letter
- ✓ At least one numeric digit
- ✓ At least one special character

**1**

**2**

Figure 1.10

- 1.** Create a username for your CaRMS Online account. Usernames are not case sensitive. Do not use any special characters.
- 2.** Create a password for your CaRMS Online account. Please note the password requirements.

[Login](#)  
[Welcome](#)  
[Medical Information](#)  
[Personal Information](#)  
[CaRMS Information](#)  
[Policy Agreement](#)  
[CaRMS Account](#)  
[Payment](#)  
[Payment Confirmation](#)  
[Complete](#)

### Payment Details

Name: d d

Address: f f f Åland Islands f3

| Quantity      | Item             | Amount    |
|---------------|------------------|-----------|
| 1             | Verification Fee | CAD107.00 |
| Total (Owing) |                  | CAD107.00 |

GST/HST #: 125712174 RT

[CANCEL](#)

### Payment Method


Credit Card Number:  **1**

Expiry Date:  Month  Year

[PROCESS TRANSACTION](#) [CANCEL TRANSACTION](#)

Figure 1.11

1. Type in your credit card number and the expiry date. Click **PROCESS TRANSACTION** to continue.



\*\*\*THIS SITE IS FOR TESTING PURPOSES ONLY.\*\*\*

[Home](#) | [Français](#)

[Login](#)  
[Welcome](#)  
[Medical Information](#)  
[Personal Information](#)  
[CaRMS Information](#)  
[Policy Agreement](#)  
[CaRMS Account](#)  
[Payment](#)  
[Payment Confirmation](#)  
[Complete](#)

### Payment Details

Name: Tono Lodro

Address: 4 fonda Paro Afghanistan

| Quantity      | Item             | Amount    |
|---------------|------------------|-----------|
| 1             | Verification Fee | CAD107.00 |
| Total (Owing) |                  | CAD107.00 |

GST/HST #: 125712174 RT

### Payment Result

Payment Status: **Payment Successful**

Order ID: 2013-09-17 19:05:07/HceHMLCLYv **1**

Date/Time: 2013-09-17

Credit Card Number: \*\*\*\*\*4242

Credit Card Type: Visa

[NEXT](#) [PRINT](#)

Figure 1.12

1. Print the Payment Details page and save it on your computer as proof of payment.

|                      |   |
|----------------------|---|
| Login                |   |
| Welcome              | Thank you for your request to register with CaRMS Online. CaRMS will verify the information you have entered and email your access confirmation. The confirmation email will be sent based on the match service selection you have chosen. Once the match process has opened, your confirmation will be sent within three business days.* |
| Medical Information  |   |
| Personal Information | *Exceptions to the confirmation process: Delays may occur if CaRMS wishes to request additional clarification. United States medical graduates may take longer to process.  |
| CaRMS Information    | If you require assistance, please contact the CaRMS help desk at 1 877 227 6742 or <a href="mailto:help@carms.ca">help@carms.ca</a>   |
| Policy Agreement     |   |
| CaRMS Account        |   |
| Complete             | <div>DONE</div> <div>1</div>  |

Figure 1.13

1. To complete the registration process, click **DONE**. Once you have completed your request for registration you will receive your registration by email within three to four business days.

**Note:** The request for registration is only the first step in the application process. Once you receive the registration link by email, you will need to log into CaRMS Online and pay the match participation fee to continue.

## 2-Match Participation

When you receive your access confirmation/token, click the link in the email. Read the instructions, follow the steps and pay the application fee to begin your application in CaRMS Online.

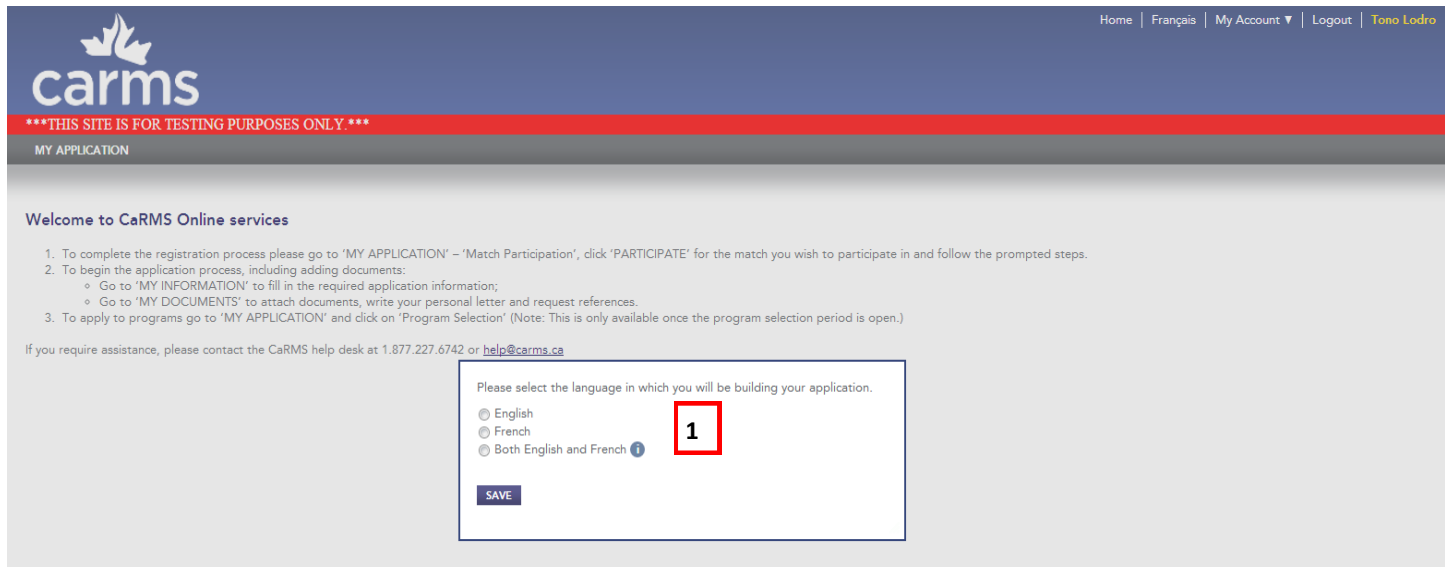


Figure 2.1

1. Select the language of your application: English, French, or both English and French. You will be able to modify this information later in the **Personal Information** section of your application.

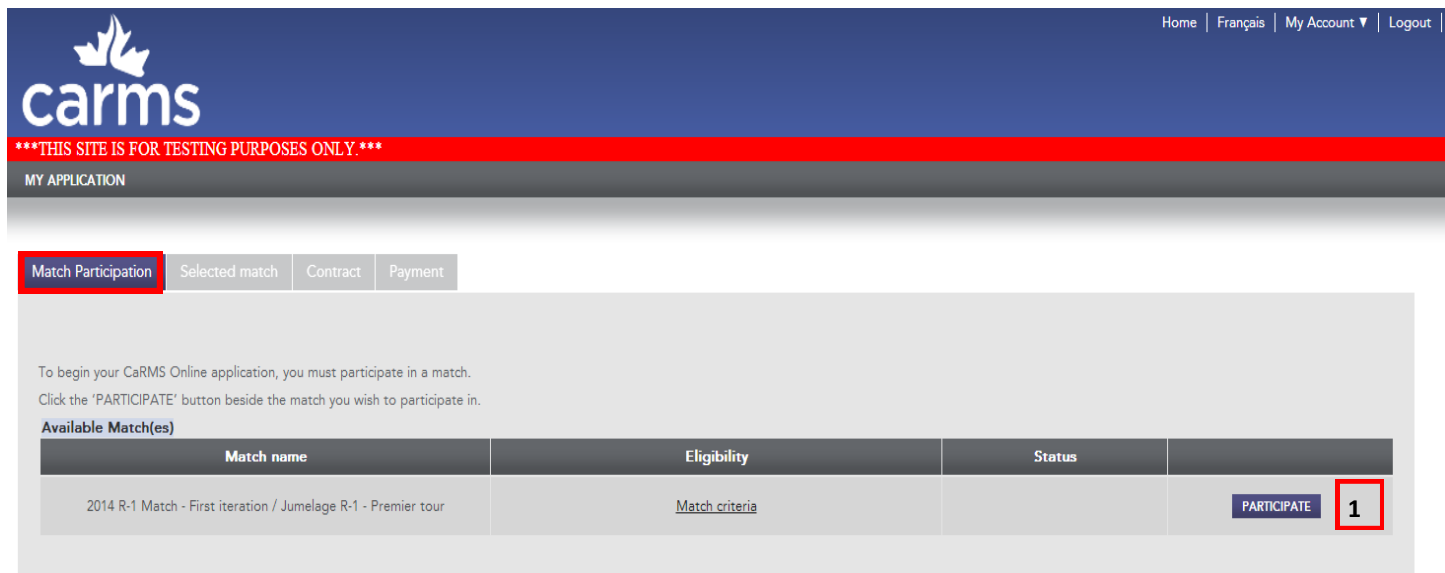


Figure 2.2

1. Select **PARTICIPATE** to participate in the match.

You are registering for the 2014 R-1 Match - First iteration.

Note that most jurisdictions require that applicants applying to provincial Ministries of Health-funded positions be Canadian citizens or permanent residents. Certain exceptions apply for visa students applying to Quebec schools and Memorial University of Newfoundland - you are strongly encouraged to review the [provincial criteria](#) for this match before proceeding.

As specified in [provincial eligibility requirements](#), only applicants without previous accredited North American postgraduate training are eligible for the first iteration of the CaRMS match. Applicants with any prior accredited postgraduate training in Canada or the U.S. are eligible to apply in certain provinces in the second iteration only.

To be eligible for the R-1 Main Residency Match, international medical graduates and U.S. osteopathic medical school graduates are required to have passed the Medical Council of Canada Evaluating Examination (MCCEE) by the beginning of the rank order list (ROL) period. By this criterion, an applicant that is scheduled for the January MCCEE is not eligible for the first iteration and an applicant scheduled for the March MCCEE is not eligible for the second iteration. Please review the criteria for each match in which you are interested in participating.

To continue registering, click 'NEXT'.

You will be prompted to:

- Accept the applicant for this match; and
- Pay the match registration fee of \$314.00 plus applicable taxes. This fee includes applications to four programs. The match registration fee is only charged once per match. For example, if you have participated in the first iteration match this year, you will not be required to pay this fee for the second iteration match.

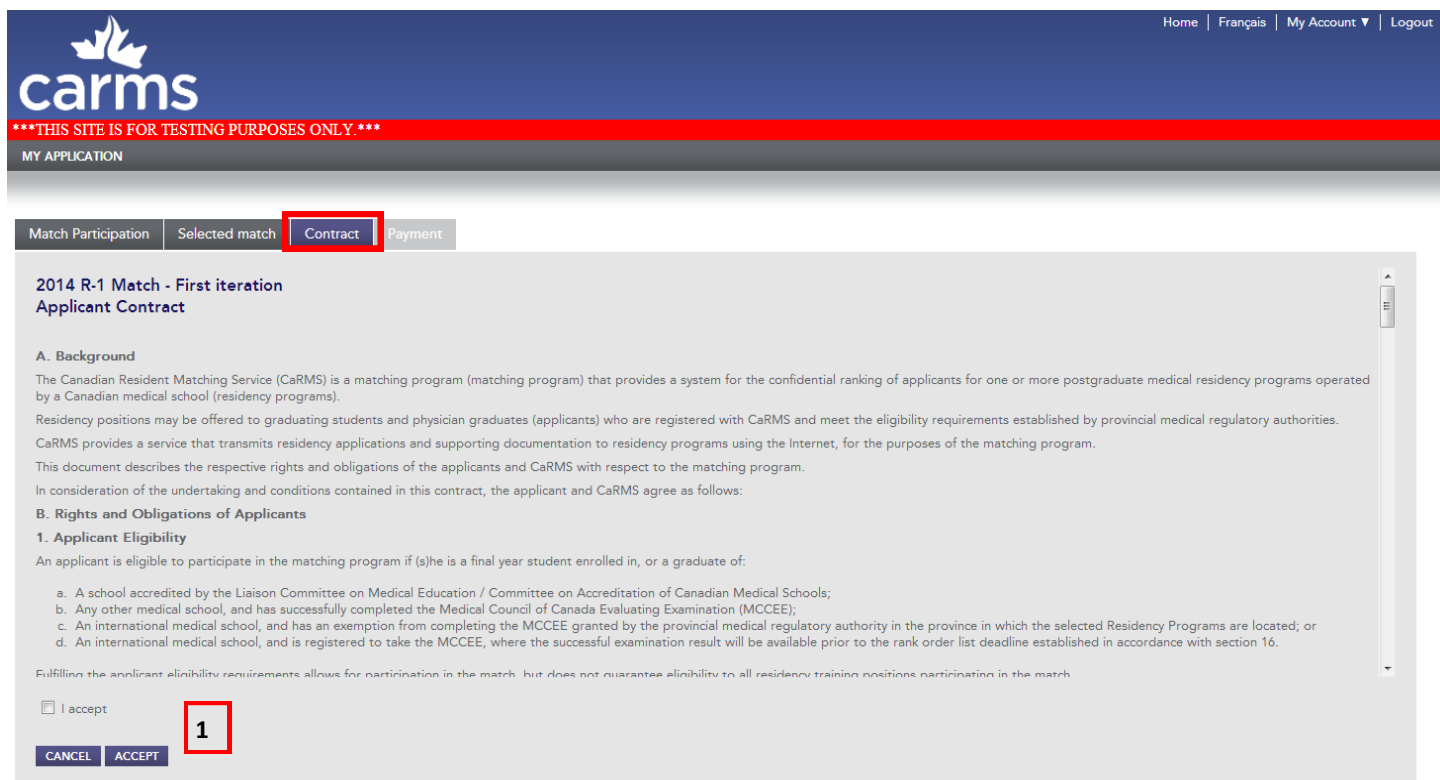
Once complete, you will be able to begin filling out the 'MY INFORMATION' sections and adding documents. You may begin applying to programs once the program selection period is open.

[CANCEL](#) [NEXT](#)

**1**

Figure 2.3

**1.** Carefully read the instructions and click **NEXT** to continue.



Home | Français | My Account ▼ | Logout

carms

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MY APPLICATION

Match Participation Selected match **Contract** Payment

### 2014 R-1 Match - First iteration Applicant Contract

**A. Background**

The Canadian Resident Matching Service (CaRMS) is a matching program (matching program) that provides a system for the confidential ranking of applicants for one or more postgraduate medical residency programs operated by a Canadian medical school (residency programs).

Residency positions may be offered to graduating students and physician graduates (applicants) who are registered with CaRMS and meet the eligibility requirements established by provincial medical regulatory authorities. CaRMS provides a service that transmits residency applications and supporting documentation to residency programs using the Internet, for the purposes of the matching program.

This document describes the respective rights and obligations of the applicants and CaRMS with respect to the matching program.

In consideration of the undertaking and conditions contained in this contract, the applicant and CaRMS agree as follows:

**B. Rights and Obligations of Applicants**

**1. Applicant Eligibility**

An applicant is eligible to participate in the matching program if (s)he is a final year student enrolled in, or a graduate of:

- A school accredited by the Liaison Committee on Medical Education / Committee on Accreditation of Canadian Medical Schools;
- Any other medical school, and has successfully completed the Medical Council of Canada Evaluating Examination (MCCEE);
- An international medical school, and has an exemption from completing the MCCEE granted by the provincial medical regulatory authority in the province in which the selected Residency Programs are located; or
- An international medical school, and is registered to take the MCCEE, where the successful examination result will be available prior to the rank order list deadline established in accordance with section 16.

Fulfilling the applicant eligibility requirements allows for participation in the match, but does not guarantee eligibility to all residency training positions participating in the match.

☐ I accept

**1**

[CANCEL](#) [ACCEPT](#)

Figure 2.4

**1.** Carefully review the Applicant Contract. Check the box and click **ACCEPT** to continue.

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MY APPLICATION

Match Participation | Selected match | Contract | **Payment**

## Payment Details

Name: Tono Lodro

Address: 4 fonda Paro Afghanistan

| Quantity | Item   | Amount    |
|----------|--|-----------|
| 1        | Participation Fee - R1 Match 1st Iteration - IMG | CAD200.00 |
| 4        | Program Fee - R1 Match 1st Iteration - IMG       | CAD114.00 |
|          | Total (Owing)                                    | CAD314.00 |

GST/HST #: 125712174 RT

**CANCEL**

## Payment Method

Credit Card Number:

**1**

Expiry Date:

Month

Year

**PROCESS TRANSACTION****CANCEL TRANSACTION**

Figure 2.5

**1.**Enter your credit card number and expiry date. Click **PROCESS TRANSACTION** to continue.

carms

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MY INFORMATION | MY DOCUMENTS | MY APPLICATION

Home | Français | My Account ▼ | Logout |

Match Participation | **Contract**

Current Participating Match

| Match name   | Eligibility                    | Status |  |
|--|--------------------------------|--------|--|
| 2014 R-1 Match - First iteration/Jumelage R-1 de 2014 - Premier tour | <a href="#">Match criteria</a> | Active | <div><b>WITHDRAW</b></div> <div><b>1</b></div> |

Figure 2.6

**1.**

Once you have participated in the match you can withdraw. If you wish to withdraw select **WITHDRAW**. If you wish to participate once you have withdrawn, you will have to send an email to [operations@carms.ca](mailto:operations@carms.ca) and request to be reinstated in the match.

## 3-My Account

From the **My Account** tab in the top right corner of your CaRMS Online account, you may access the following sections:

- User information
- Contact information
- Address information
- Security information
- Payment history

The information in the **My Account** section will have already been filled out when you registered but you can modify this information at any time.

### 3.1-User Information

Enter your **User Information**. You can modify this section at any time.

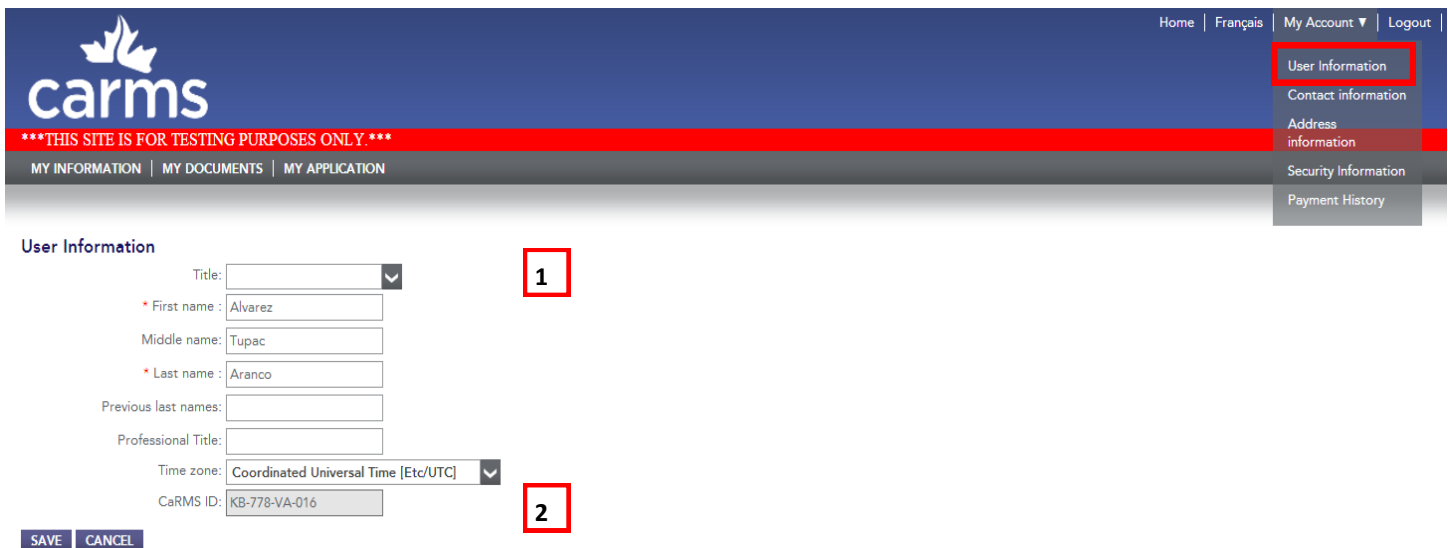


Figure 3.1

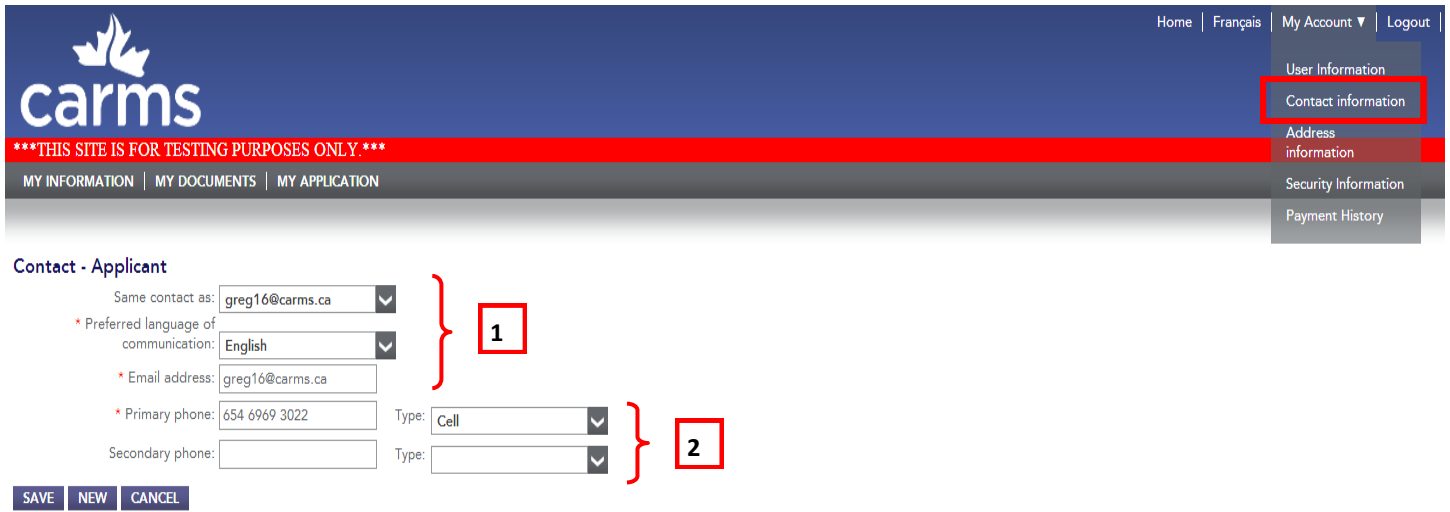
1. Fill in the requested information. Required fields are marked by a red asterisk \*.
2. Your CaRMS ID is located at the bottom of this page.

## 3.2-Contact Information

Enter your **Contact Information**. Up-to-date contact information is required for the following purposes:

- CaRMS updates and communiqués
- Program interviews
- Resetting passwords

You can modify this section at any time.



Home | Français | My Account ▼ | Logout

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MY INFORMATION | MY DOCUMENTS | MY APPLICATION

User Information  
**Contact information**  
 Address information  
 Security Information  
 Payment History

**Contact - Applicant**

Same contact as: greg16@carms.ca ▼

\* Preferred language of communication: English ▼

\* Email address: greg16@carms.ca

\* Primary phone: 654 6969 3022 Type: Cell ▼

Secondary phone: Type: ▼

SAVE NEW CANCEL


Figure 3.2

1. Enter your primary email address.
2. Provide your primary phone number.



## 3.3-Mailing Address - Applicant

Enter your current mailing address. You can modify this section at any time.



[Home](#) | [Français](#) | [My Account ▼](#) | [Logout](#)

User Information

Contact information

Address information

Security Information

Payment History

\*\*\*THIS SITE IS FOR TESTING PURPOSES ONLY.\*\*\*

[MY INFORMATION](#) | [MY DOCUMENTS](#) | [MY APPLICATION](#)

### Mailing Address - Applicant

Same address as:

456 Calle Norte, Buenos Aires, 45334 ▼

\* Street address:

456 Calle Norte

\* City:

Buenos Aires

\* Country

Argentina ▼

Province/state/region:

Postal code/zip:

45334

SAVE

NEW

CANCEL

Figure 3.3

## 3.4-Security Information

Enter a username, password and security questions.

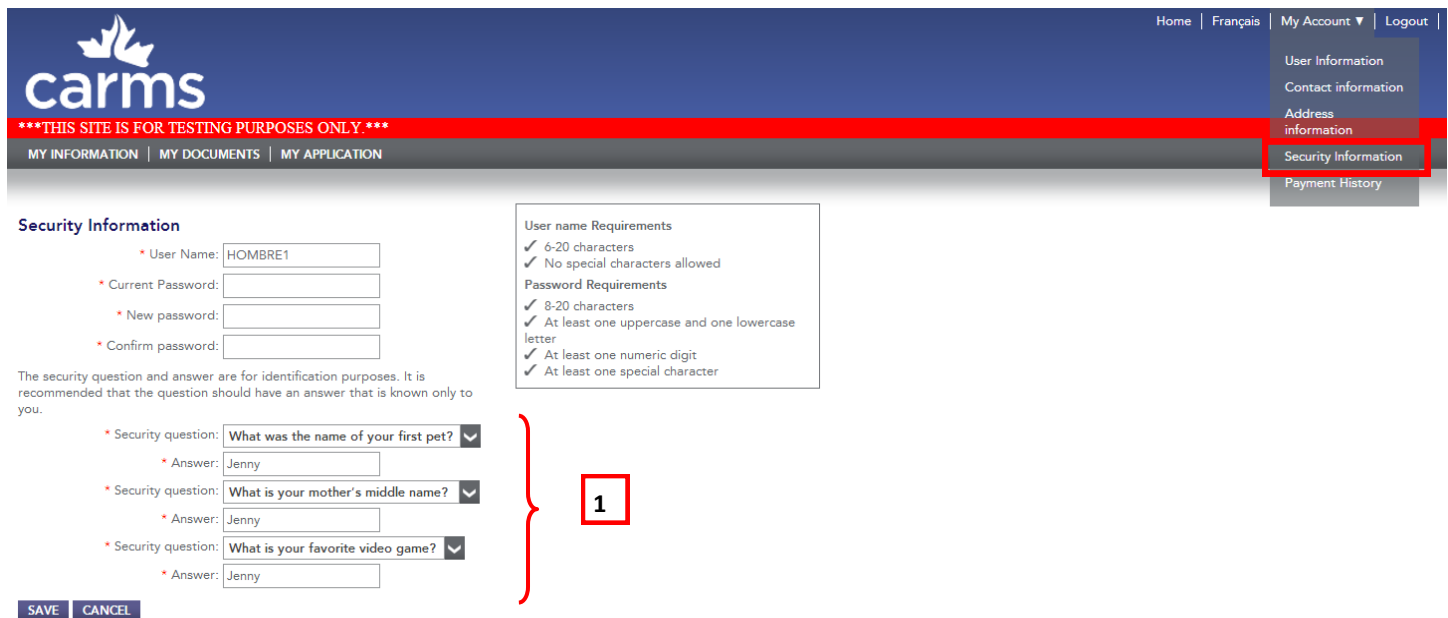



Figure 3.4

1. You can change your security questions and answers at any time.

## 3.5-Payment History

Your CaRMS payment history is found on this page.



\*\*\*THIS SITE IS FOR TESTING PURPOSES ONLY.\*\*\*

MY INFORMATION | MY DOCUMENTS | MY APPLICATION

[Home](#) | [Français](#) | [My Account ▼](#) | [Logout](#)

- User Information
- Contact information
- Address information
- Security Information
- Payment History**

### Payment History

CANADIAN RESIDENT MATCHING SERVICE

171 Nepean Street, Suite 300

Ottawa, ON K2P 0B4

613-237-0075

GST/HST #: 125712174 RT

### Statement of Account

Alvarez Aranco

456 Calle Norte

Buenos Aires, Argentina

45334

Statement Date: Sep 4, 2013 6:01:58 PM

| Date/Time        | Invoice # | Description  | Quantity | Charges | Credits | Account Balance |
|------------------|-----------|--|----------|---------|---------|-----------------|
| 2013-08-27 15:28 | 0087978   | Frais de participation au jumelage R-1, premier tour - IMG | 1        | 200.00  |         |                 |
|                  |           | Frais de programme au jumelage R-1, premier tour - IMG     | 4        | 28.50   |         |                 |
|                  |           | Visa   |          |         | -314.00 | 0.00            |
| Account Balance  |           |  |          |         |         | CAD 0.00        |

[PRINT](#)

1

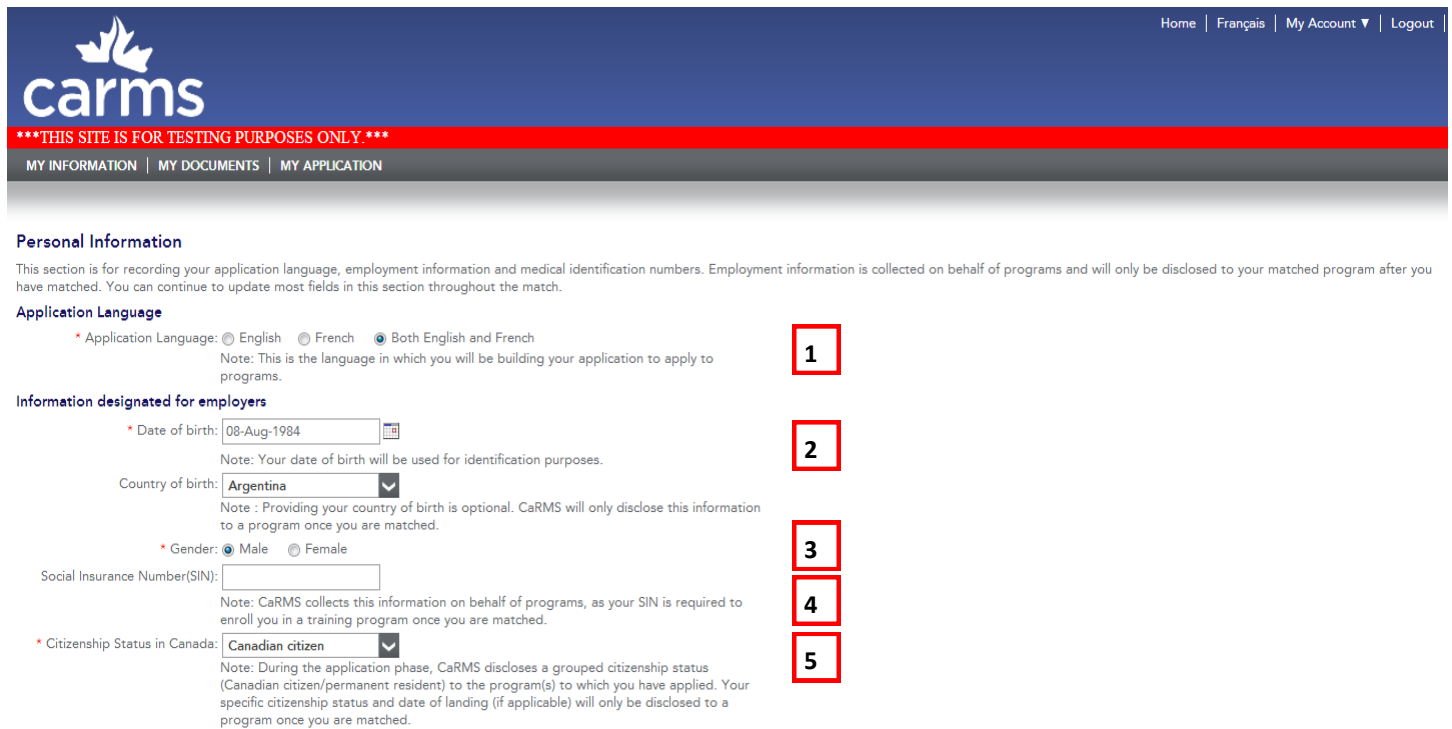
Figure 3.5

1. To print an invoice, click **PRINT**.

## 4-My Information

### 4.1-Profile

#### 4.1.1-Personal Information



The screenshot shows the 'Personal Information' section of the CaRMS application form. It includes a header with the CaRMS logo and navigation links. The form contains several fields and sections, each highlighted with a red box and a number:

- 1**: Application Language section, showing radio buttons for English, French, and Both English and French.
- 2**: Date of birth field, showing a date picker set to 08-Aug-1984.
- 3**: Gender section, showing radio buttons for Male and Female.
- 4**: Social Insurance Number (SIN) field, showing a text input box.
- 5**: Citizenship Status in Canada section, showing a dropdown menu set to Canadian citizen.

Other visible fields include Country of birth (set to Argentina) and a note about providing country of birth information.

Figure 4.1

- 1.** Confirm the language of your application.
- 2.** Enter your date of birth using the calendar.
- 3.** Indicate your gender.
- 4.** Enter your social insurance number (SIN). CaRMS collects your SIN on behalf of programs, as it is required to work in Canada. It is only revealed to the program once you are matched.
- 5.** Indicate your citizenship status. Please note that Canadian permanent residency status is the minimum requirement for applicants.

|   |   |          |
|---|---|----------|
| * MCC Candidate Code:                               | <input type="text" value="6546465464"/> | <b>1</b> |
| LMCC #:   | <input type="text"/>                    | <b>2</b> |
| PCRC ID:  | <input type="text"/>                    | <b>3</b> |
| Medical Identification Number for<br>Canada (MINC): | <input type="text"/>                    | <b>4</b> |
| CEHPEA Candidate Code #                             | <input type="text"/>                    | <b>5</b> |
| AIMG ID   | <input type="text"/>                    | <b>6</b> |
| USMLE/ECFMG #:                                      | <input type="text"/>                    | <b>7</b> |
| AAMC ID:  | <input type="text"/>                    | <b>8</b> |
| NRMP ID   | <input type="text"/>                    | <b>9</b> |

**SAVE** **CANCEL**

Figure 4.2

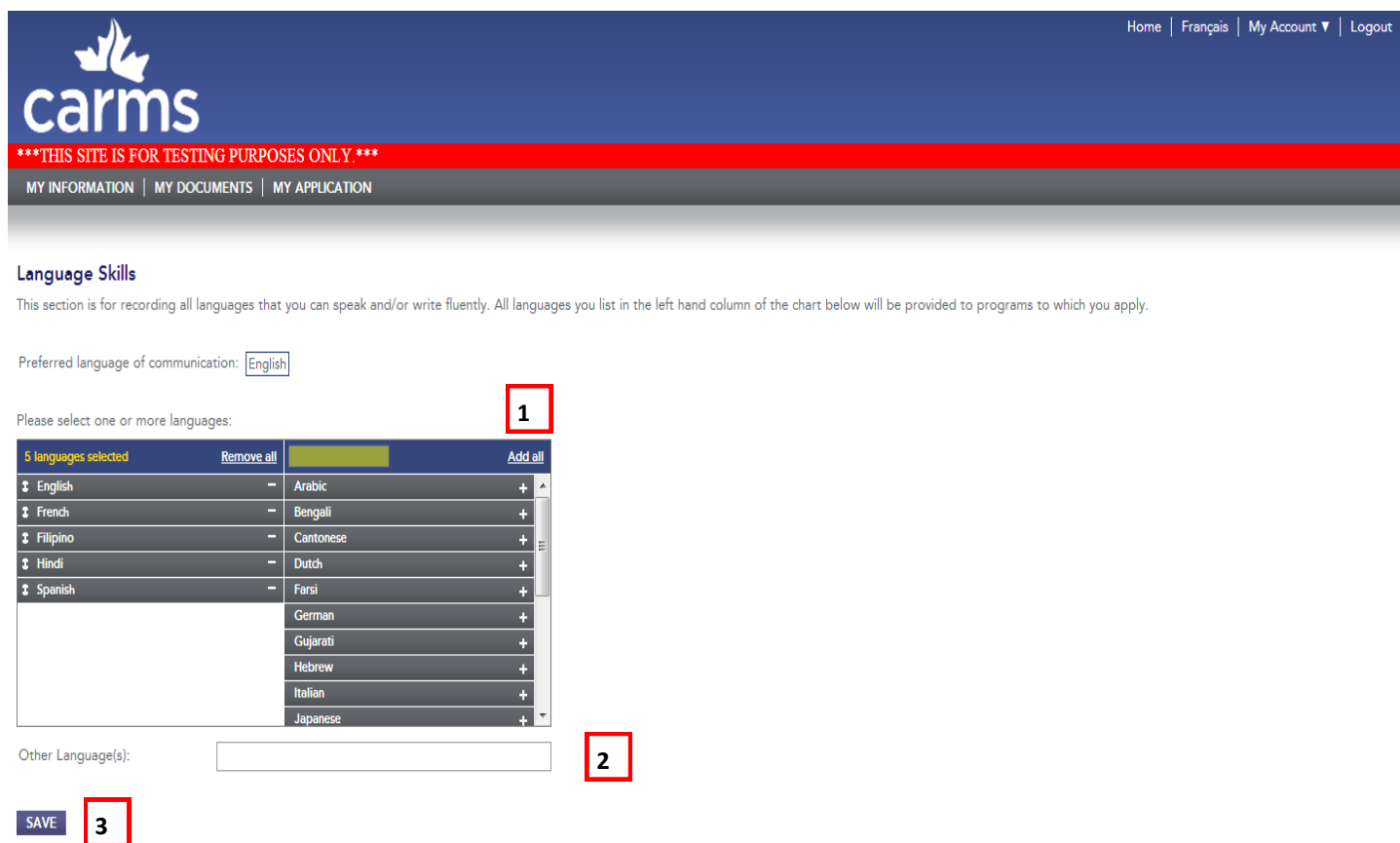
**NOTE:** Certain fields are only required for certain applicant types. Fields that are not relevant to you or that cannot be edited will be greyed out.

- 1.** Enter your MCC Candidate Code if you did not already do so during the registration process.
- 2.** Enter your Licentiate of the Medical Council of Canada (LMCC) number: You will receive this number after you pass the MCCQE2. If you are scheduled to take the exam, you can enter six zeroes (000000) as a temporary LMCC number. This will enable you to submit the exam section of your application.
- 3.** Enter your physiciansapply.ca ID (formerly PCRC).
- 4.** Enter your Medical Identification Number of Canada (MINC) ([www.minc-nimc.ca](http://www.minc-nimc.ca)). The MINC is used to identify every medical practitioner and/or educator in Canada. It is nationally recognized and is issued by the Medical Council of Canada (MCC) and the Federation of Medical Regulatory Authorities of Canada (FMRAC). Most applicants will not have a MINC until they are licensed.
- 5.** Enter your CEHPEA candidate code.
- 6.** Enter your AIMG ID. All IMGs wishing to apply to Alberta programs must be registered with the Alberta International Medical Graduate Program (<http://www.aimg.ca/index.php?m=2&page=1>).
- 7.** Enter your United States Medical Licensing Examination (USMLE) ([www.usmle.org](http://www.usmle.org)) / Educational Commission for Foreign Medical Graduates (ECFMG) (<http://www.ecfm.org>) number. The USMLE is a three-step examination for medical licensure in the United States. The USMLE ID number is used to help verify whether applicants are in the US match. The ECFMG is for applicants from medical schools outside the US and Canada who have taken steps 1 and 2 of the USMLE. Certification by the ECFMG is the standard for evaluating IMGs' qualifications before they enter the US graduate medical education system and provide supervised patient care. The ECFMG certificate is a requirement for IMGs to take step 3 of the USMLE and to obtain an unrestricted medical license in the US.  

**Note:** the USMLE does not grant exemption from the MCC examinations.
- 8.** Enter your Association of American Medical Colleges (AAMC) (<https://www.aamc.org>) ID. The AAMC ID is an identification number for all medical students, medical residents, medical school faculty members and others with whom the AAMC has a relationship.
- 9.** Enter your National Residency Matching Process (NRMP) (<http://www.nrmp.org/>) ID. The NRMP ID is an identification number for applicants participating in the NRMP match.

## 4.1.2-Language Skills

Record all languages that you can fluently speak and/or write.



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### Language Skills

This section is for recording all languages that you can speak and/or write fluently. All languages you list in the left hand column of the chart below will be provided to programs to which you apply.

Preferred language of communication:

Please select one or more languages:

5 languages selected
Remove all
Add all

|          |           |
|----------|-----------|
| English  | Arabic    |
| French   | Bengali   |
| Filipino | Cantonese |
| Hindi    | Dutch     |
| Spanish  | Farsi     |
|          | German    |
|          | Gujarati  |
|          | Hebrew    |
|          | Italian   |
|          | Japanese  |

Other Language(s):

**SAVE**

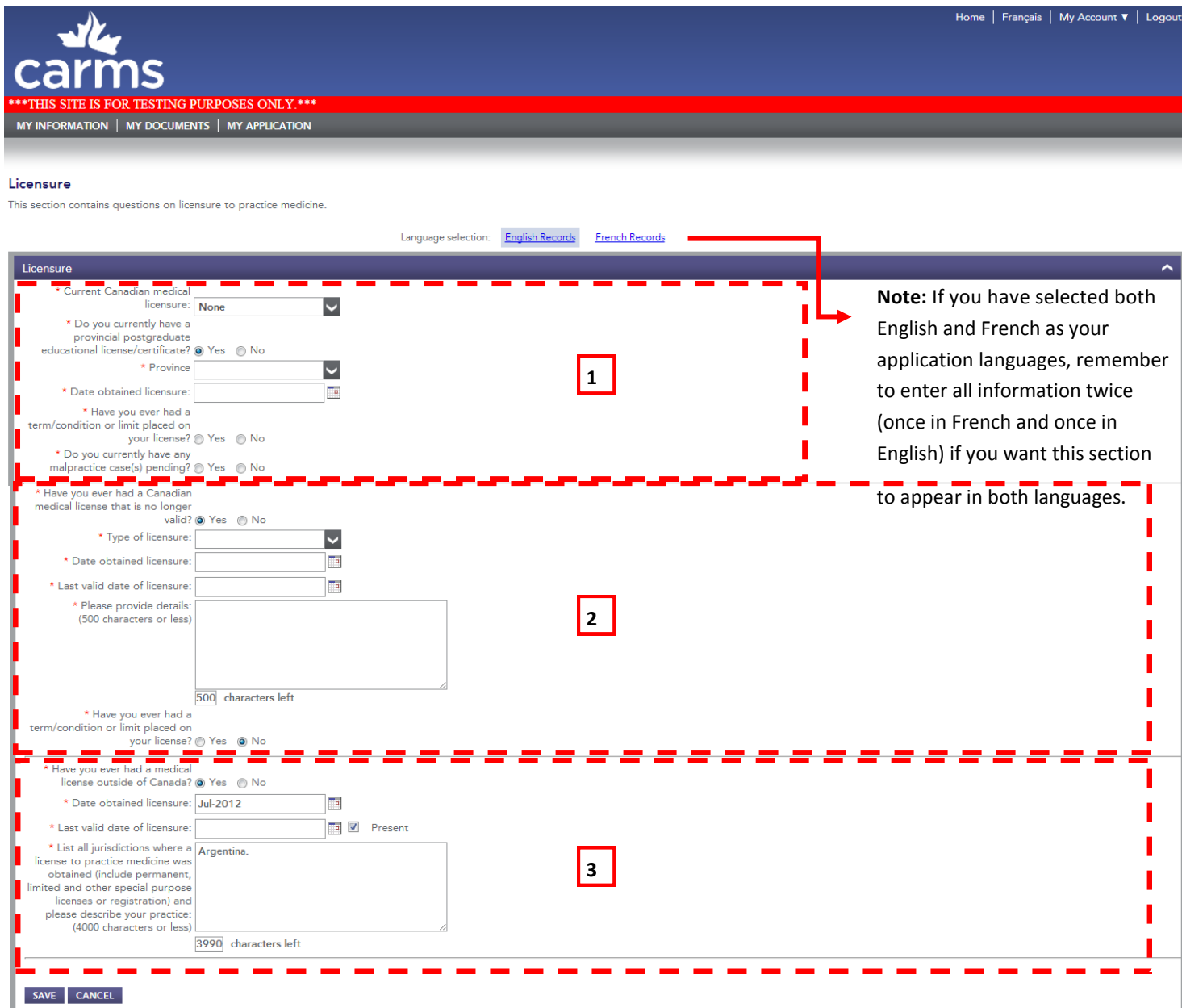
Figure 4.3

1. The left hand column displays your chosen languages. To add a language to your list, choose one from the right hand column by clicking the + .
2. If a desired language is not listed in the right hand column, you can type it into the **Other Language(s)** field.
3. Click **SAVE** to save your list of languages.

## 4.2-Licensure

Enter information about your medical licensure. Canadian medical graduates (CMGs) will not usually have a medical license until they have completed their residency training and all MCC exams. Many international medical graduates (IMGs) will have a medical license.

**Note:** Completing all MCC exams and obtaining your LMCC certificate does not necessarily mean that you have your license to practice medicine in Canada.



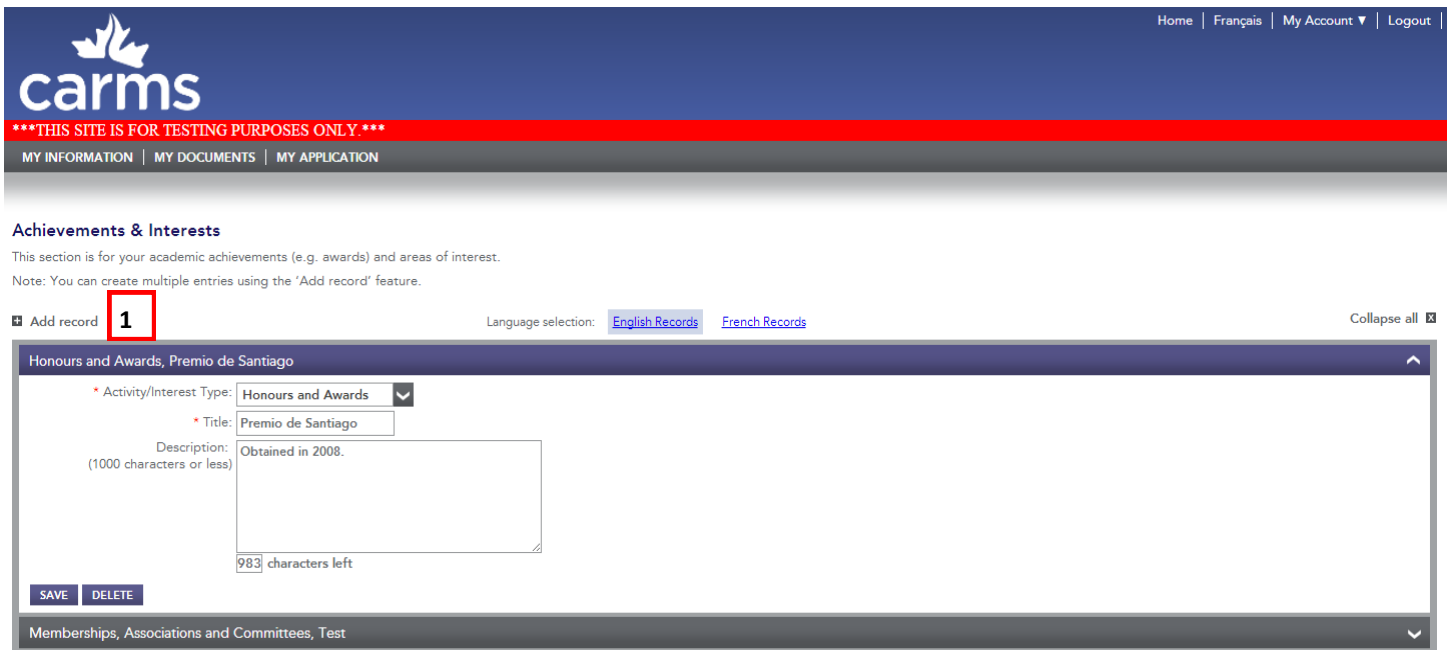
The screenshot shows the 'Licensure' section of the carms application. At the top, there is a language selection bar with 'English Records' and 'French Records' buttons. Below this, the form is divided into three main sections, each enclosed in a red dashed box and numbered 1, 2, and 3. Section 1 (Current Canadian medical licensure) includes fields for 'Current Canadian medical licensure' (a dropdown menu), 'Do you currently have a provincial postgraduate educational license/certificate?' (radio buttons for Yes/No), 'Province' (a dropdown menu), 'Date obtained licensure' (a date picker), 'Have you ever had a term/condition or limit placed on your license?' (radio buttons for Yes/No), 'Do you currently have any malpractice case(s) pending?' (radio buttons for Yes/No), and 'Have you ever had a Canadian medical license that is no longer valid?' (radio buttons for Yes/No). Section 2 (Validity of Canadian medical license) includes fields for 'Type of licensure' (a dropdown menu), 'Date obtained licensure' (a date picker), 'Last valid date of licensure' (a date picker), and a text area for 'Please provide details: (500 characters or less)'. Section 3 (Licensing outside of Canada) includes fields for 'Have you ever had a medical license outside of Canada?' (radio buttons for Yes/No), 'Date obtained licensure' (a date picker), 'Last valid date of licensure' (a date picker with a 'Present' checkbox), and a text area for 'List all jurisdictions where a license to practice medicine was obtained (include permanent, limited and other special purpose licenses or registration) and please describe your practice: (4000 characters or less)'. A note on the right side of the form states: 'Note: If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.' At the bottom of the form, there are 'SAVE' and 'CANCEL' buttons.

Figure 4.4

1. Enter information pertaining to your current Canadian medical licensure, if applicable.
2. Enter information pertaining the validity of your Canadian medical license.
3. Enter any information pertaining to licensing outside of Canada.

## 4.3-Achievements & Interests

Record your academic achievements (e.g. awards) and areas of interest.



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### Achievements & Interests

This section is for your academic achievements (e.g. awards) and areas of interest.  
 Note: You can create multiple entries using the 'Add record' feature.

☒ Add record **1** Language selection: [English Records](#) [French Records](#) Collapse all 

Honours and Awards, Premio de Santiago 

\* Activity/Interest Type: Honours and Awards ▼

\* Title: Premio de Santiago

Description: Obtained in 2008.

(1000 characters or less)

983 characters left


Memberships, Associations and Committees, Test 

Figure 4.5

1. To create multiple entries, click on + Add record.



## 4.4-Education

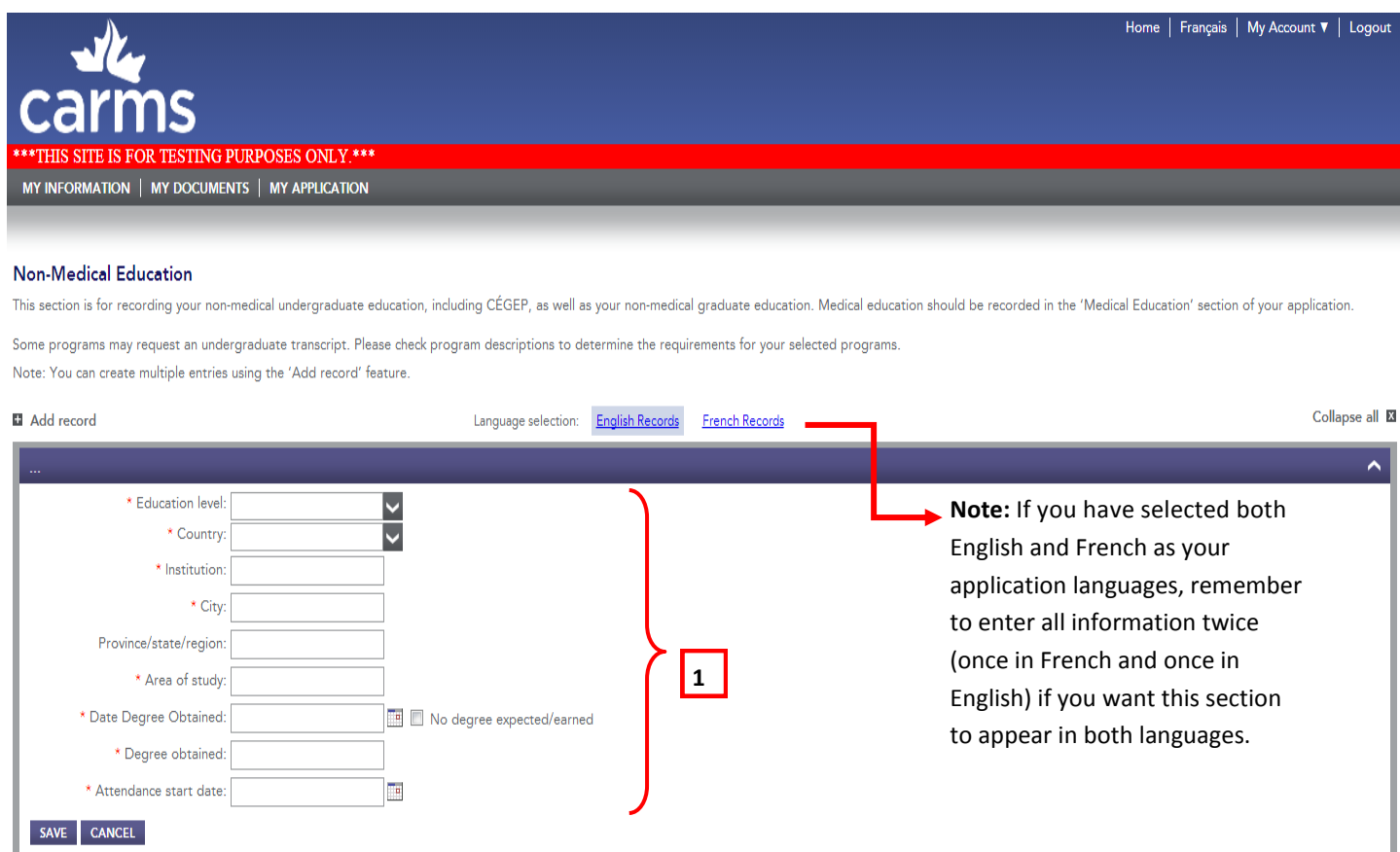
### 4.4.1-Non-Medical Education

Record your undergraduate, CÉGEP, and post graduate education (completed or not). Undergraduate education is any schooling you received *after* completing high school and *before* beginning medical school. Graduate education is any schooling you received *after* completing your undergraduate education.

The most common types of education in this category are:

- Bachelor's degree
- CÉGEP
- Pre-med
- Masters
- PHD

To add multiple entries, click **SAVE**, then **+ Add record**.



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### Non-Medical Education

This section is for recording your non-medical undergraduate education, including CÉGEP, as well as your non-medical graduate education. Medical education should be recorded in the 'Medical Education' section of your application.

Some programs may request an undergraduate transcript. Please check program descriptions to determine the requirements for your selected programs.

Note: You can create multiple entries using the 'Add record' feature.

+ Add record Language selection: English Records French Records Collapse all

... Education level: Country: Institution: City: Province/state/region: Area of study: Date Degree Obtained: Degree obtained: Attendance start date: No degree expected/earned

**1**

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

SAVE CANCEL

Figure 4.6

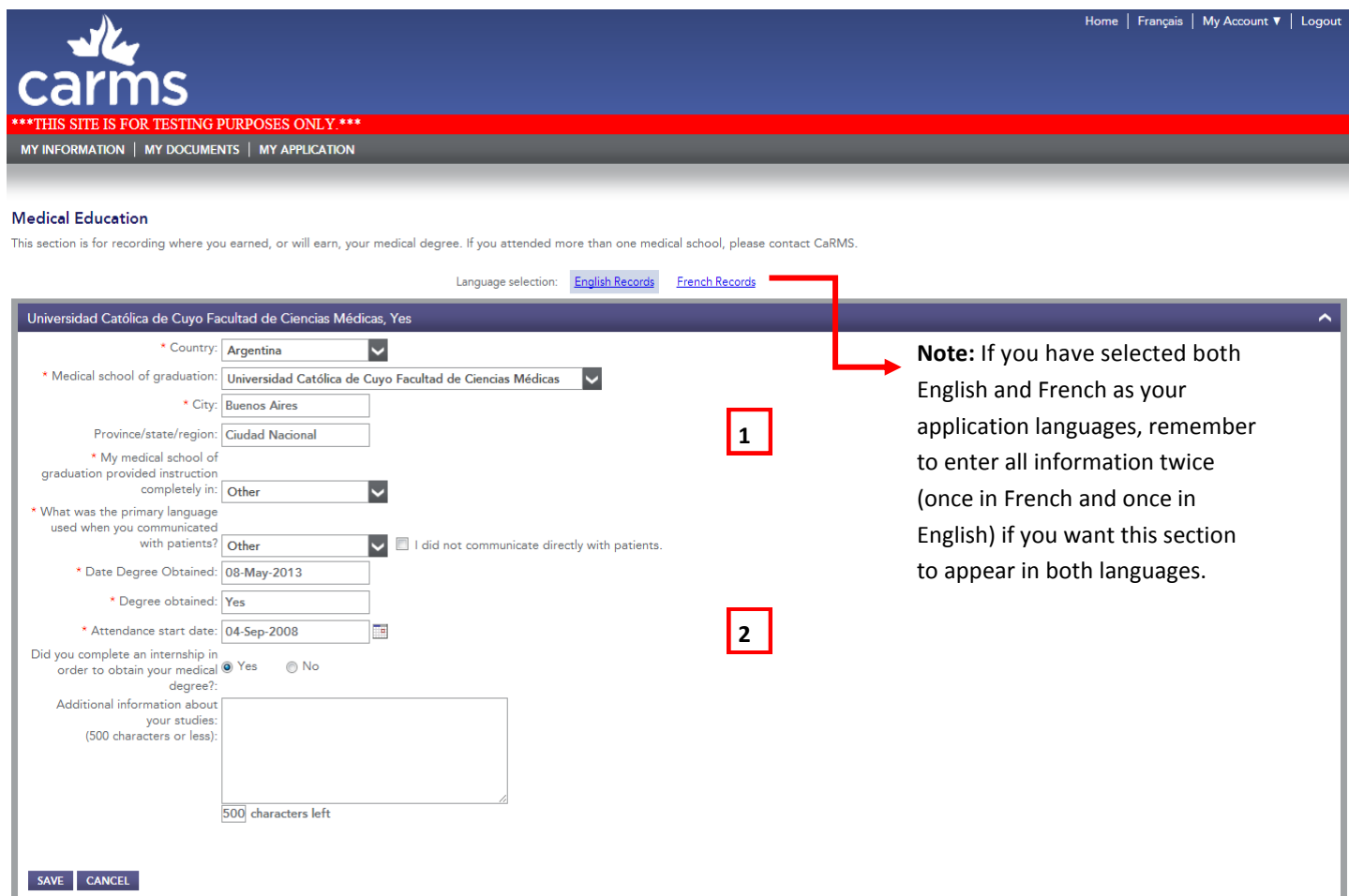
**1.**

Mandatory fields are indicated by a red asterisk \*.

## 4.4.2-Medical Education

Record information pertinent to your medical degree. During the **Request for Registration** step, you were asked to enter the country, school and graduation date of your **Medical Education**. Enter any outstanding information. Required fields are marked by a red asterisk \*.

**Note:** If you attended more than one medical school, you must send an email containing the name of both schools, and your start dates at each to [operations@carms.ca](mailto:operations@carms.ca) to request that a second record be added. You must provide complete information for both medical schools on your application.



Language selection: [English Records](#) [French Records](#)

Universidad Católica de Cuyo Facultad de Ciencias Médicas, Yes

\* Country: Argentina

\* Medical school of graduation: Universidad Católica de Cuyo Facultad de Ciencias Médicas

\* City: Buenos Aires

Province/state/region: Ciudad Nacional

\* My medical school of graduation provided instruction completely in: Other

\* What was the primary language used when you communicated with patients? Other ☐ I did not communicate directly with patients.

\* Date Degree Obtained: 08-May-2013

\* Degree obtained: Yes

\* Attendance start date: 04-Sep-2008

Did you complete an internship in order to obtain your medical degree?: ☒ Yes ☐ No

Additional information about your studies: (500 characters or less):

500 characters left

SAVE CANCEL

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

Figure 4.7

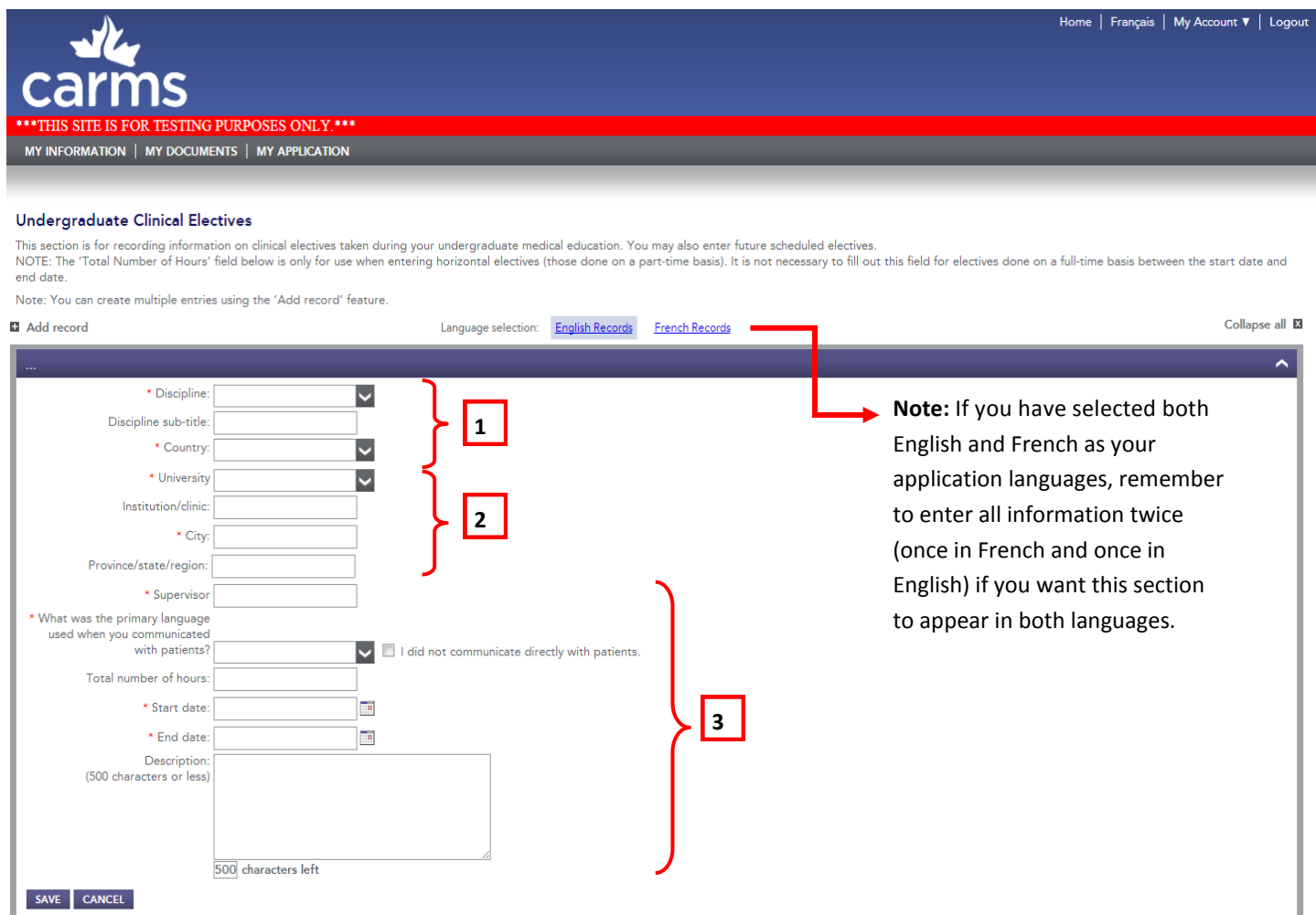
1. Enter information in the required fields.
2. Enter information in the optional fields, if desired.

### 4.4.3-Clinical Electives

Enter any electives you have, or will have completed during your medical education. An elective is defined as any rotation during your medical education training that was not mandatory. If you wish, you can also enter electives you will complete in the future.

You may also enter mandatory rotations in this section, if desired. Mandatory rotations are, as a rule, covered in the MSPR.

To add multiple entries, click **SAVE**, then **+ Add record**.



**Undergraduate Clinical Electives**

This section is for recording information on clinical electives taken during your undergraduate medical education. You may also enter future scheduled electives.  
NOTE: The 'Total Number of Hours' field below is only for use when entering horizontal electives (those done on a part-time basis). It is not necessary to fill out this field for electives done on a full-time basis between the start date and end date.  
Note: You can create multiple entries using the 'Add record' feature.

Add record Language selection: [English Records](#) [French Records](#) Collapse all

\* Discipline:    
Discipline sub-title:   
\* Country:    
\* University:    
Institution/clinic:   
\* City:   
Province/state/region:   
\* Supervisor:   
\* What was the primary language used when you communicated with patients?   ☐ I did not communicate directly with patients.  
Total number of hours:   
\* Start date:    
\* End date:    
Description:   
(500 characters or less)  
500 characters left

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

Figure 4.8

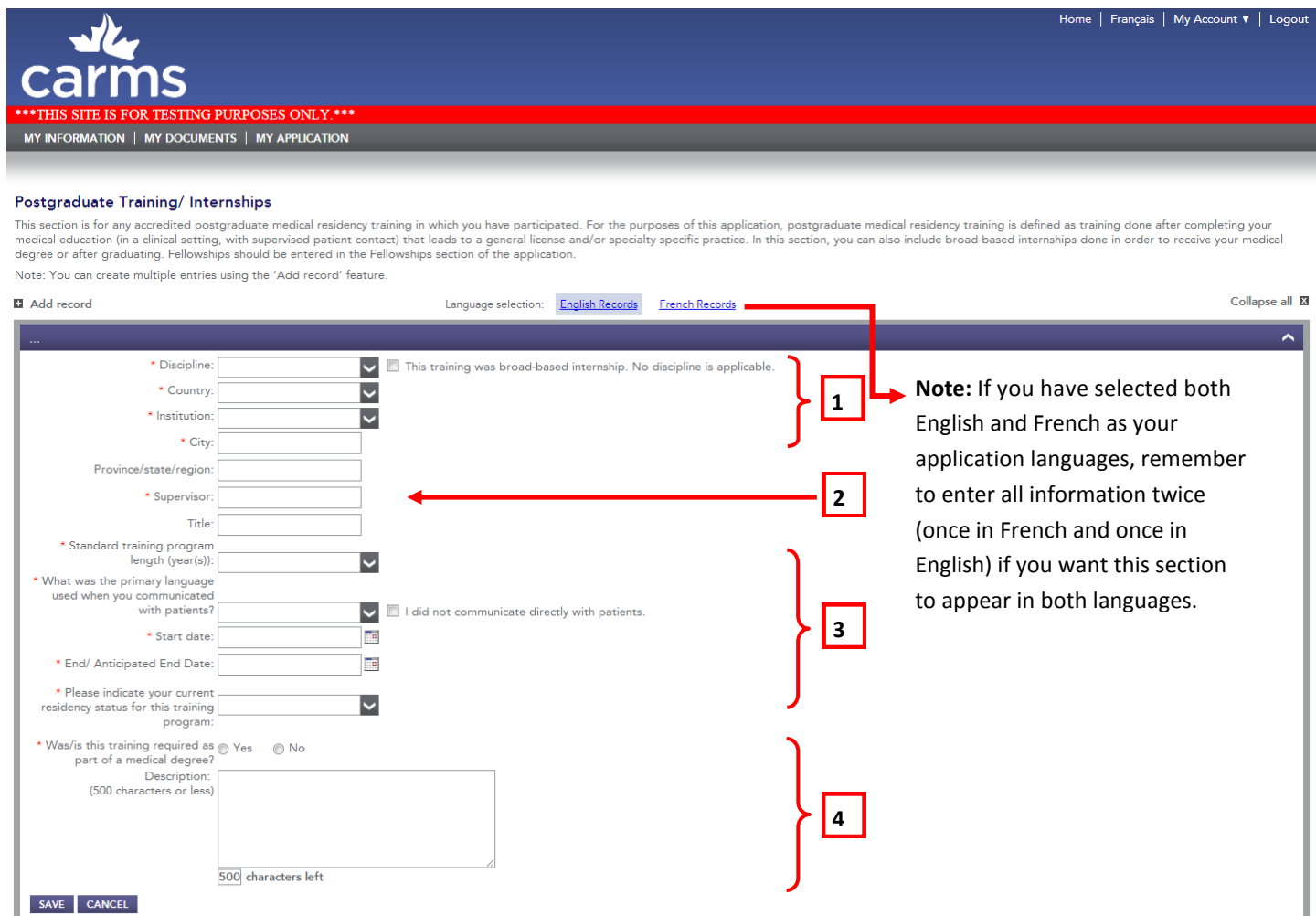
1. Enter the **Discipline** and **Country** in which you completed, or will complete, the elective. You can also add the **Discipline sub-title**. Note: if a specific discipline does not appear on the list, we suggest choosing the closest discipline from the dropdown menu and entering the official name of the discipline as the sub-title.
2. Enter the name of the **University**, and **City** of your medical education elective.
3. Enter the name of your **Supervisor**, the language of communication, as well as the **Start date** and **End date** of the elective. You may also add a simple **Description** of the elective. If you do not know who the supervisor will be for a future elective, enter TBD.

The **Total number of hours** field is reserved for those who have completed a horizontal elective (an elective done over several months for a few hours on a part-time basis).

## 4.4.4-Post Graduate Training/Internships

Record any accredited postgraduate medical residency training in which you have participated. For the purposes of this application, postgraduate training is defined as any medical residency training undertaken after completing a medical degree, in a clinical setting, with supervised patient contact, that may lead to a general license and/or specific practice. To add multiple entries, click **SAVE**, then **+ Add record**.

**Note:** Some countries, like Egypt and India, require that a medical student complete a one year internship to receive a medical degree. In this case, that additional year may be added under **Post Graduate Training/Internships**.



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### Postgraduate Training/ Internships

This section is for any accredited postgraduate medical residency training in which you have participated. For the purposes of this application, postgraduate medical residency training is defined as training done after completing your medical education (in a clinical setting, with supervised patient contact) that leads to a general license and/or specialty specific practice. In this section, you can also include broad-based internships done in order to receive your medical degree or after graduating. Fellowships should be entered in the Fellowships section of the application.

Note: You can create multiple entries using the 'Add record' feature.

Language selection: [English Records](#) [French Records](#)

**1** Discipline:  ☐ This training was broad-based internship. No discipline is applicable.

**2** Country:

**3** Institution:

**4** City:

Province/state/region:

**5** Supervisor:

Title:

**6** Standard training program length (year(s)):

**7** What was the primary language used when you communicated with patients?  ☐ I did not communicate directly with patients.

**8** Start date:

**9** End/ Anticipated End Date:

**10** Please indicate your current residency status for this training program:

**11** Was/is this training required as part of a medical degree? ☐ Yes ☐ No

Description:

500 characters left

**SAVE** **CANCEL**

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

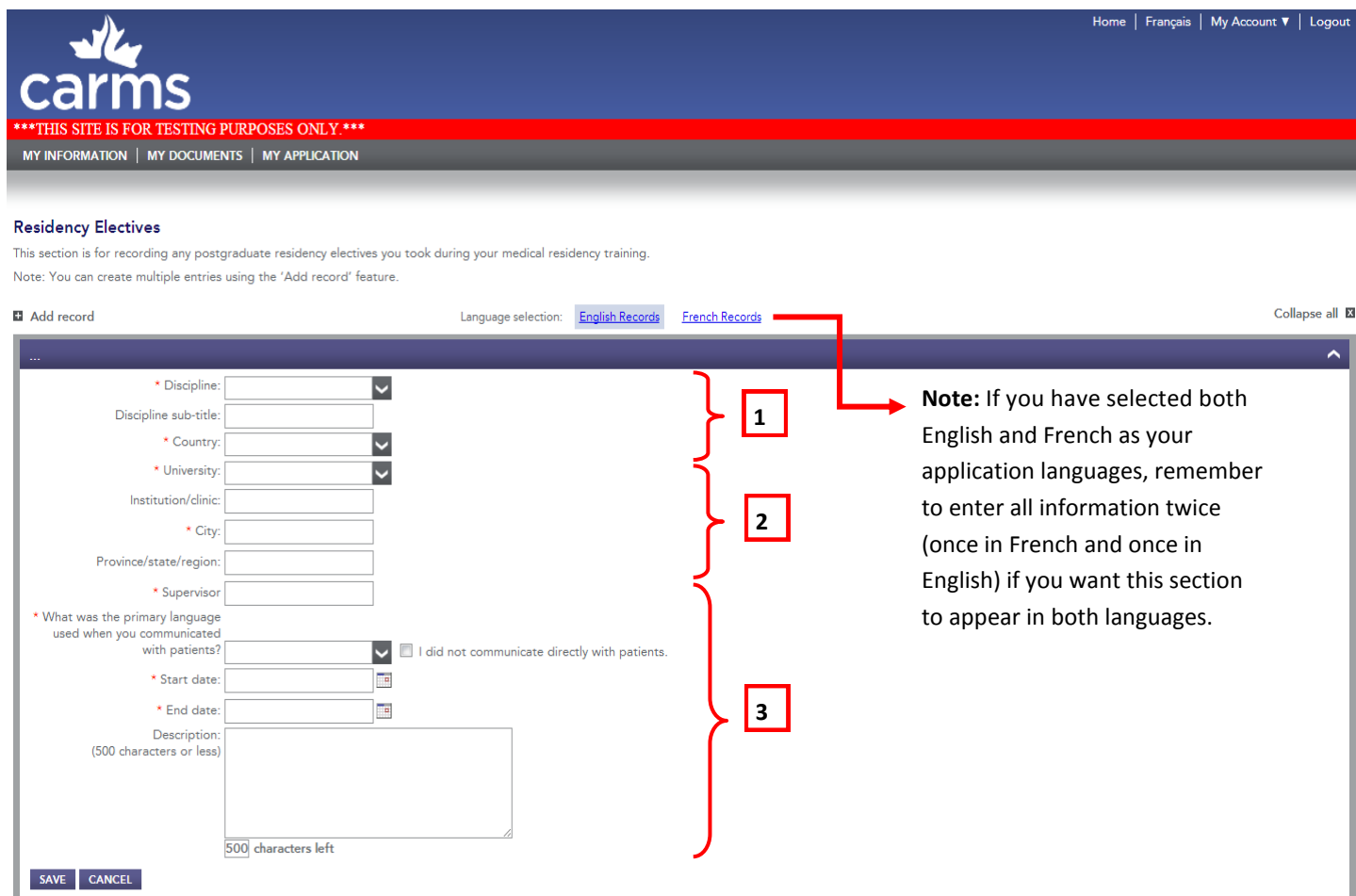
Figure 4.9

- 1.** Enter the **Discipline, Country, Institution, and City** in which your training took place. Note: the list compiled contains all residency training disciplines as collected by the Royal College of Physicians and Surgeons of Canada. CaRMS does not control this list, nor can we modify it.
- 2.** Enter the name of your **Supervisor** during your residency training. If you do not remember his or her name, you can enter Not applicable (N/A). If you had multiple supervisors, enter the name of the supervisor with whom you had the most contact.
- 3.** Enter the **Start and End/Anticipated End Date** of your residency training, regardless of whether or not your training was interrupted.
- 4.** Indicate your current status within that program, and whether it was required as part of a medical degree.

## 4.4.5-Residency Electives

Record electives you have, or will have, completed during your residency training. An elective is defined as any rotation you have done during residency training that was not mandatory. To add multiple entries, click **SAVE**, then **+ Add record**.

**Note:** Most CMGs will not have done any residency training and will therefore not have any residency electives.



**Language selection:** [English Records](#) [French Records](#)

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

1. Discipline, Discipline sub-title, Country

2. University, Institution/clinic, City

3. Supervisor, Start date, End date, Description

Figure 4.10

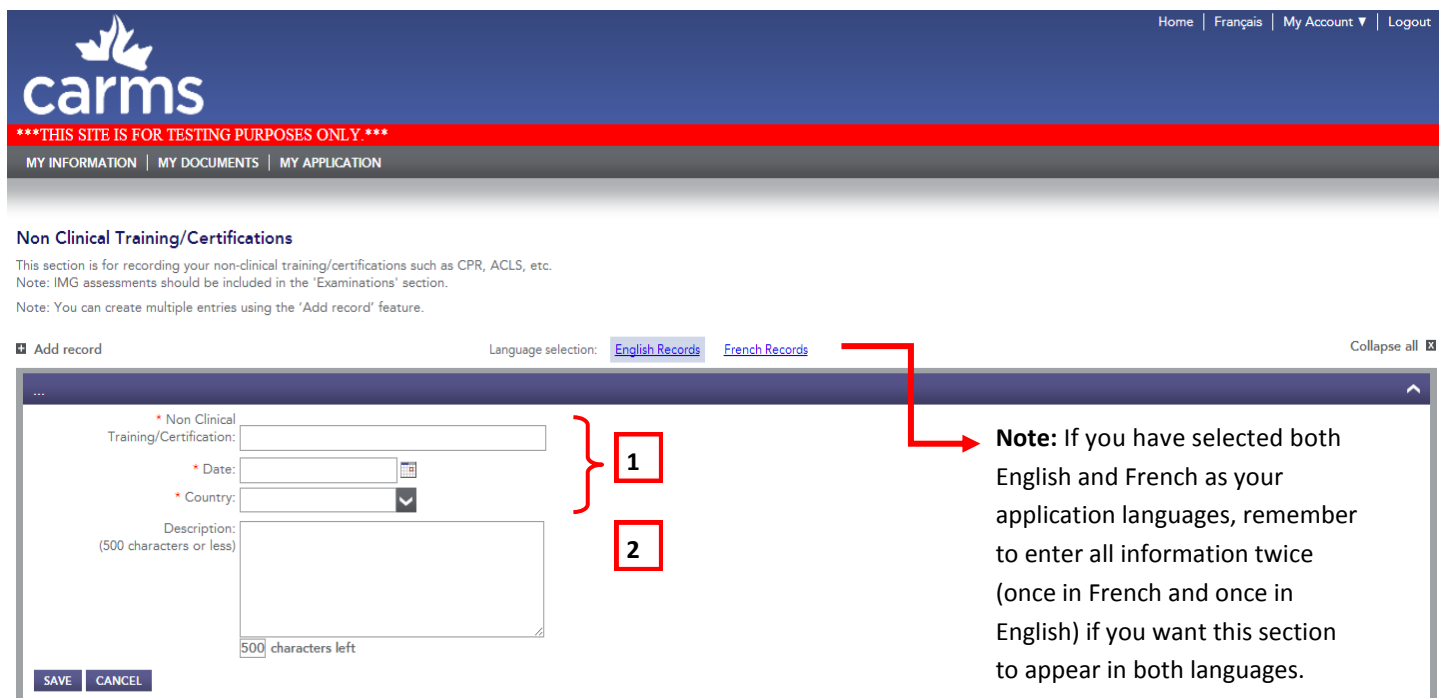
1. Enter the **Discipline** (of your residency) and **Country** in which you completed, or will complete, the elective. You can also add the **Discipline sub-title**. Not all residency disciplines appear in the list. We recommend choosing the closest discipline from the dropdown menu and entering the official name of the discipline in the sub-title field.
2. Enter the name of the **University** and **City** of your residency elective training.
3. Enter the name of your **Supervisor**, as well as the **Start date** and **End date** of your elective. You may also add a simple **Description** of the elective.

## 4.4.6-Non Clinical Training

Record any training you have completed that is not directly linked to your medical education. This includes, but is not limited to, CPR, ACLS, and BCLS.

If you are unsure of where to record training because it does not fit in any other category, it can be entered in this section.

To add multiple entries, click **SAVE**, then **+ Add record**.



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### Non Clinical Training/Certifications

This section is for recording your non-clinical training/certifications such as CPR, ACLS, etc.  
 Note: IMG assessments should be included in the 'Examinations' section.  
 Note: You can create multiple entries using the 'Add record' feature.

+ Add record Language selection: [English Records](#) [French Records](#) Collapse all

\* Non Clinical Training/Certification:

\* Date:

\* Country:

Description:

500 characters left

SAVE CANCEL

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

Figure 4.11

1. Enter the name of the **Non clinical training/certifications**, as well as the **Date** you completed or the training or certification and the **Country** in which it took place.
2. Enter a **Description** of your training, if desired.

## 4.5-Examinations

Record any examinations you have taken, or are scheduled to take.

All examination documents submitted to programs must be current. Some examinations expire after a number of years and it is up to you to ensure that your examination results are currently valid.

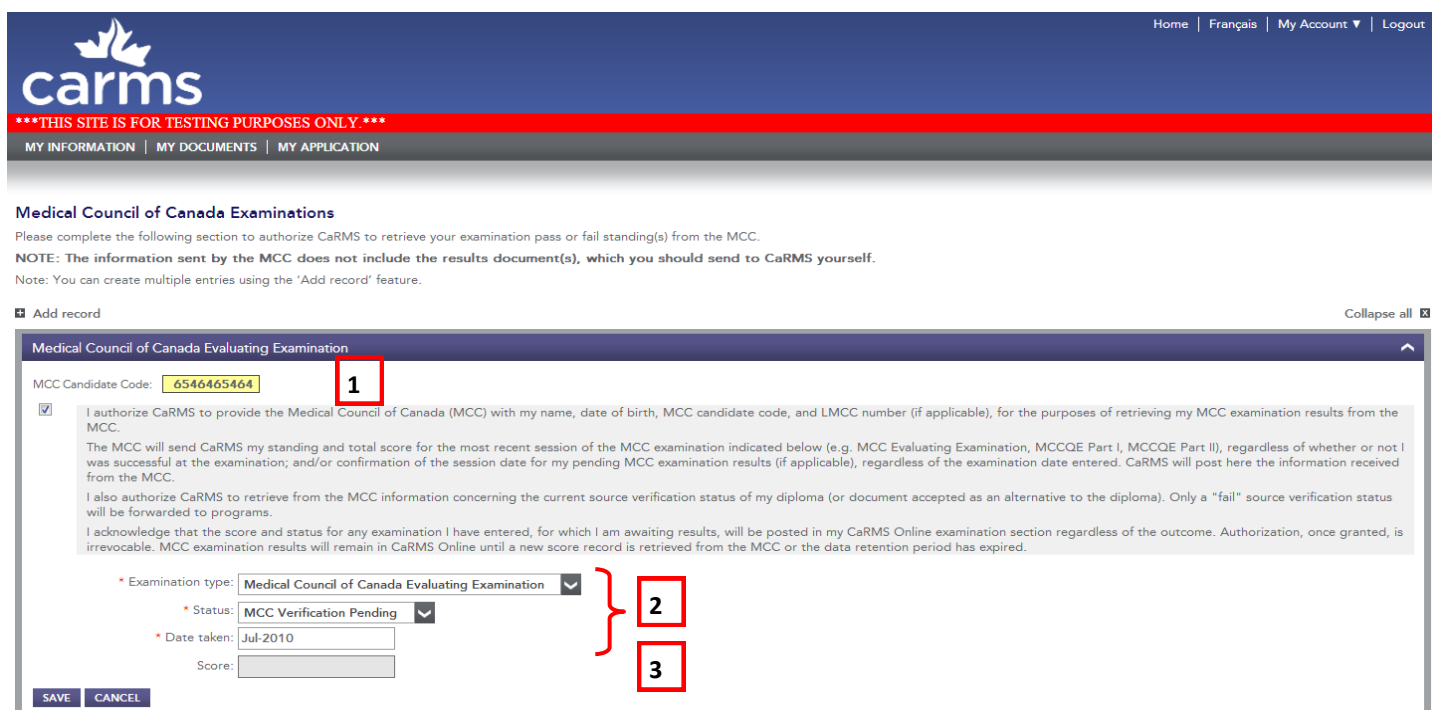
### 4.5.1-Medical Council Of Canada (MCC)

Record the information pertinent to the following exams:

- **Medical Council of Canada Evaluating exam (MCCEE)** (Required by all IMGs and Osteopathic physicians)
- **Medical Council of Canada Qualifying Examination part I** (MCCQE part I) (May be required by certain programs. Please see the program descriptions and provincial eligibility criteria posted on the CaRMS website: <https://www.carms.ca/> )
- **Medical Council of Canada Qualifying Examination part II** (MCCQE part II) (May be required by certain programs. Please see program descriptions and provincial eligibility criteria)

For more information on the MCC please visit: [www.mcc.ca](http://www.mcc.ca).

To add multiple entries, click **SAVE**, then + **Add record**.



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**Medical Council of Canada Examinations**

Please complete the following section to authorize CaRMS to retrieve your examination pass or fail standing(s) from the MCC.

**NOTE: The information sent by the MCC does not include the results document(s), which you should send to CaRMS yourself.**

Note: You can create multiple entries using the 'Add record' feature.

+ Add record Collapse all

**Medical Council of Canada Evaluating Examination**

MCC Candidate Code: 6546465464 **1**

☒ I authorize CaRMS to provide the Medical Council of Canada (MCC) with my name, date of birth, MCC candidate code, and LMCC number (if applicable), for the purposes of retrieving my MCC examination results from the MCC.

The MCC will send CaRMS my standing and total score for the most recent session of the MCC examination indicated below (e.g. MCC Evaluating Examination, MCCQE Part I, MCCQE Part II), regardless of whether or not I was successful at the examination; and/or confirmation of the session date for my pending MCC examination results (if applicable), regardless of the examination date entered. CaRMS will post here the information received from the MCC.

I also authorize CaRMS to retrieve from the MCC information concerning the current source verification status of my diploma (or document accepted as an alternative to the diploma). Only a "fail" source verification status will be forwarded to programs.

I acknowledge that the score and status for any examination I have entered, for which I am awaiting results, will be posted in my CaRMS Online examination section regardless of the outcome. Authorization, once granted, is irrevocable. MCC examination results will remain in CaRMS Online until a new score record is retrieved from the MCC or the data retention period has expired.

\* Examination type: Medical Council of Canada Evaluating Examination

\* Status: MCC Verification Pending

\* Date taken: Jul-2010

Score: **3**

SAVE CANCEL

Figure 4.12

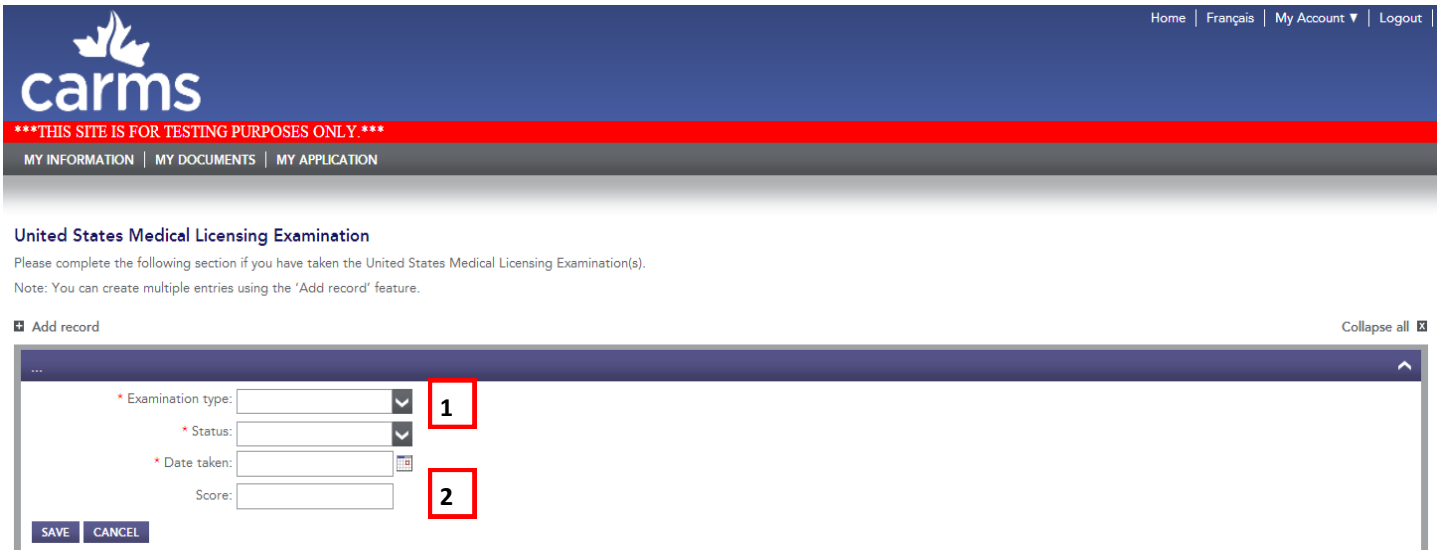
- 1.** Check the box to authorize CaRMS to retrieve your exam score from the MCC.
- 2.** Enter the **Examination type**, **Status** and **Date taken** in the corresponding fields.
- 3.** Your **Score** will be filled by CaRMS prior to file review.

**Note:** CaRMS will collect your scores from the MCC and post them on your profile. CaRMS does not receive the results documents. Therefore it is your responsibility to provide the corresponding document (statement of results/supplementary feedback) to be included with your application.

## 4.5.2-United States Medical Licensing Examination

Record any United States Medical Licensing Examination(s) (USMLE) you have taken. The USMLE is not a requirement for the match, but you may include your results with your application.

To add multiple entries, click **SAVE**, then **+ Add record**.



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### United States Medical Licensing Examination

Please complete the following section if you have taken the United States Medical Licensing Examination(s).

Note: You can create multiple entries using the 'Add record' feature.

+ Add record Collapse all

...

\* Examination type:  1

\* Status:

\* Date taken:  2

Score:

SAVE CANCEL

Figure 4.13

1. Select the **Examination type** from the dropdown menu.
2. Enter your score and provide the corresponding result documents by uploading them in the **Attach Document** section.



## 4.5.3-Language Examinations

Record any language examination(s) you have taken to indicate your proficiency in either English or French.

It is important to note that if your language of instruction during medical school was not English or French, some provincial or program criteria may require you to take, and provide the results of, a language assessment exam. Please refer to the program descriptions and provincial criteria sections of the CaRMS website ([http://www.carms.ca/eng/r1\\_eligibility\\_prov\\_e.shtml](http://www.carms.ca/eng/r1_eligibility_prov_e.shtml)) for more information.

To add multiple entries, click **SAVE**, then **+ Add record**.

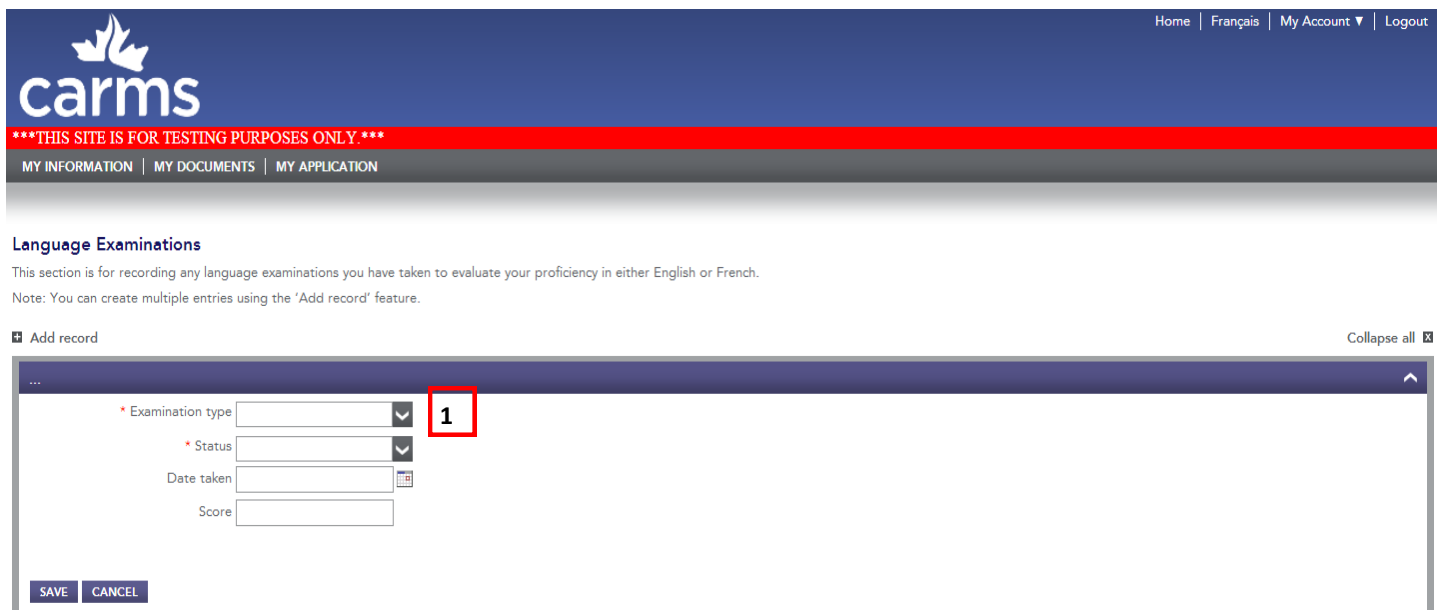


Figure 4.14

1. Select the **Examination type** from the dropdown menu. You will find the following examination types:

- **Test of English as a Foreign Language (TOEFL)** (the CaRMS institution code is **8309** and the department code is **99** or **00**)  
<http://www.ets.org/toefl>
- **International English Language Testing System (IELTS)**  
<http://www.ielts.ca/index.php>
- **Examen de l'Office québécois de la langue française**  
<http://www.oqlf.gouv.qc.ca/>
- **The Test of English for International Communication (TOEIC)**  
<http://www.etsglobal.org/Fr/Eng/Tests-Preparation/The-TOEIC-Tests>
- **Test de Français International (TFI):**  
<http://www.etscanada.ca/fr/tfi/>
- **Examens de compétence de la langue française**  
<http://piquefrancais.ccdmd.qc.ca/examen.php>

## 4.5.4-Assessments

Record any provincially-administered assessments. These may be required by certain programs and/or provinces.

To add multiple entries, click **SAVE**, then **+ Add record**.

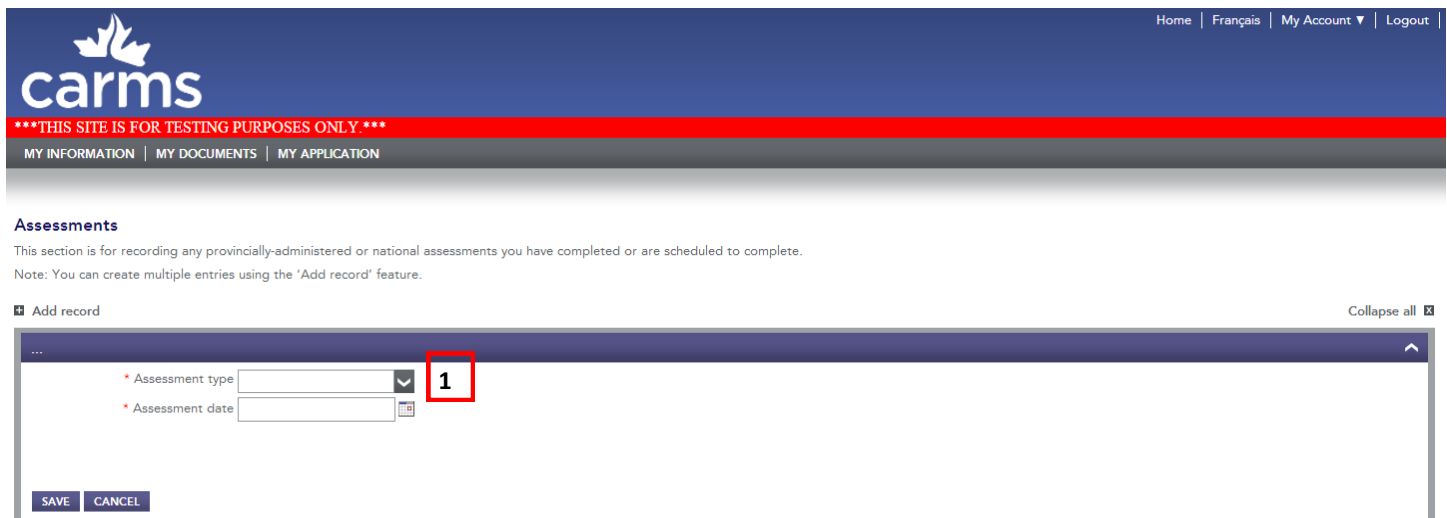


Figure 4.15

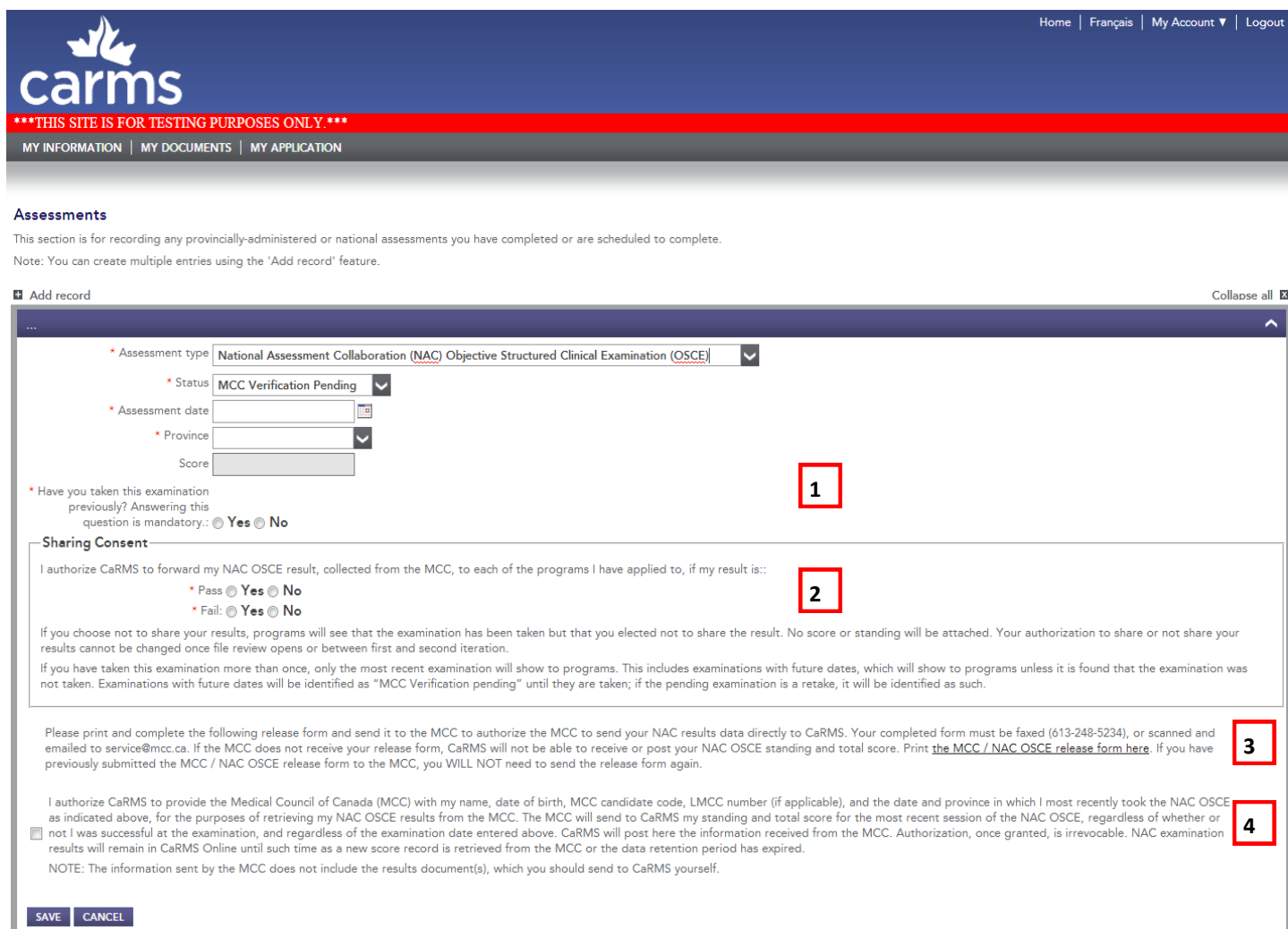
1.

Select the **Assessment type** from the drop down menu:

- **Clinical Skills Assessment and Training (CSAT)**  
<http://www.cpsnl.ca/default.asp?com=Pages&id=111&m=365>
- **The Clinician Assessment for Practice Program (CAPP)**  
<http://www.capprogram.ca/index.html>
- **Clinician Assessment and Professional Enhancement (CAPE)**  
<http://umanitoba.ca/faculties/medicine/education/cpd/assessment/cape.html>
- **Non-Registered Specialist Assessment Program (NRSAP)**  
<http://umanitoba.ca/faculties/medicine/education/imgp/specialistassessment.html>
- **Alberta IMG Program Assessment Process (AIMG)**  
<http://www.aimg.ca/>
- **BC IMG Assessment Program (BCIMG)**  
<http://imgbc.med.ubc.ca/>
- **CEHPEA - CE1**  
<http://www.kehpea.ca/examinations/PGY1/NAC-OSCE.htm>
- **CEHPEA - CE2**  
[http://www.kehpea.ca/examinations/PRA/exams\\_CE2.htm](http://www.kehpea.ca/examinations/PRA/exams_CE2.htm)
- **CEHPEA - SWE**  
[http://www.kehpea.ca/examinations/PRA/exams\\_SWE.htm](http://www.kehpea.ca/examinations/PRA/exams_SWE.htm)
- **Examen des sciences cliniques médicales du CMQ**  
<http://www.cmq.org/fr/ObtenirPermis/DiplomesInternationaux/Permis/1ReconnaissanceEquivalence.aspx>
- **National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE)**  
<http://www.mcc.ca/en/NAC/>

If you have selected the NAC OSCE, specific instructions on how to release the score to CaRMS will appear.

To add multiple entries, click **SAVE**, then **+ Add record**.



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### Assessments

This section is for recording any provincially-administered or national assessments you have completed or are scheduled to complete.  
Note: You can create multiple entries using the 'Add record' feature.

+ Add record Collapse all

\* Assessment type: National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE)

\* Status: MCC Verification Pending

\* Assessment date: [Date Picker]

\* Province: [Dropdown]

Score: [Text Field]

\* Have you taken this examination previously? Answering this question is mandatory.: ☐ Yes ☐ No

**Sharing Consent**

I authorize CaRMS to forward my NAC OSCE result, collected from the MCC, to each of the programs I have applied to, if my result is:

\* Pass: ☐ Yes ☐ No

\* Fail: ☐ Yes ☐ No

If you choose not to share your results, programs will see that the examination has been taken but that you elected not to share the result. No score or standing will be attached. Your authorization to share or not share your results cannot be changed once file review opens or between first and second iteration.

If you have taken this examination more than once, only the most recent examination will show to programs. This includes examinations with future dates, which will show to programs unless it is found that the examination was not taken. Examinations with future dates will be identified as "MCC Verification pending" until they are taken; if the pending examination is a retake, it will be identified as such.

Please print and complete the following release form and send it to the MCC to authorize the MCC to send your NAC results data directly to CaRMS. Your completed form must be faxed (613-248-5234), or scanned and emailed to [service@mcc.ca](mailto:service@mcc.ca). If the MCC does not receive your release form, CaRMS will not be able to receive or post your NAC OSCE standing and total score. Print [the MCC / NAC OSCE release form here](#). If you have previously submitted the MCC / NAC OSCE release form to the MCC, you WILL NOT need to send the release form again.

I authorize CaRMS to provide the Medical Council of Canada (MCC) with my name, date of birth, MCC candidate code, LMCC number (if applicable), and the date and province in which I most recently took the NAC OSCE as indicated above, for the purposes of retrieving my NAC OSCE results from the MCC. The MCC will send to CaRMS my standing and total score for the most recent session of the NAC OSCE, regardless of whether or not I was successful at the examination, and regardless of the examination date entered above. CaRMS will post here the information received from the MCC. Authorization, once granted, is irrevocable. NAC examination results will remain in CaRMS Online until such time as a new score record is retrieved from the MCC or the data retention period has expired.

NOTE: The information sent by the MCC does not include the results document(s), which you should send to CaRMS yourself.

SAVE CANCEL

Figure 4.16

1. Your **Score** will be filled in by CaRMS prior to file review.
 

**Note:** CaRMS will collect your scores from the MCC and post them on your profile. CaRMS does not receive the results documents. Therefore it is your responsibility to provide the corresponding document (statement of results/supplementary feedback) to be included with your application.
2. Indicate whether you want the results to be shared with CaRMS, for both Pass and Fail results.
3. Carefully read this information. If you select the NAC OSCE, it is your responsibility to print, sign and send the release form to the MCC to authorize the disclosure of your results to CaRMS.
4. Check the box to authorize CaRMS to provide some personal information to the MCC for the purpose of retrieving your NAC OSCE score. It is your responsibility to provide your result documents to CaRMS so that they will be included with your application. You can either send the document to CaRMS by mail, or scan and upload it directly in your **Attach Document** section.

## 4.5.5-Other

Record any other examinations that do not fit in the previous sections. To provide proof that you have successfully completed these examinations, upload the corresponding document(s) in the **Attach Document** section of your application.

To add multiple entries, click **SAVE**, then **+ Add record**.



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### Other Examinations

Enter certification examinations that you have taken in order to be able to practice medicine in a field or discipline. An example, in Canada, would be the College of Family Physicians of Canada Family Medicine Certification Exam.

Note: You can create multiple entries using the 'Add record' feature.

+ Add record Collapse all

...

\* Examination type:  ▼

\* Status:  ▼

\* Date taken:  📅

**1**

SAVE CANCEL

Figure 4.17

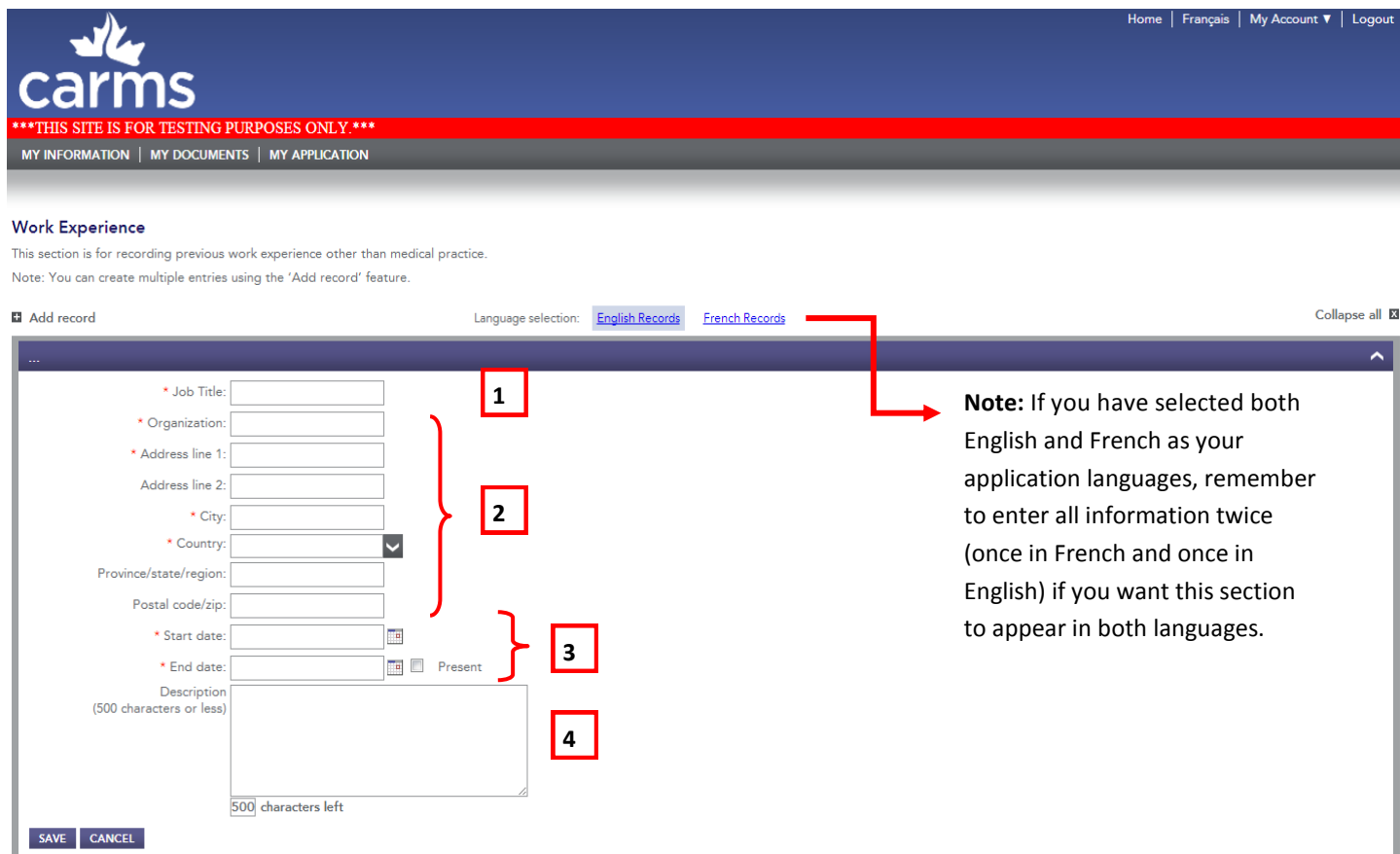
- 1** Fill in the required information and click **SAVE**.

## 4.6-Experience

### 4.6.1-Work Experience

Record any work experience that is not considered clinical practice, including work that was done prior to obtaining your medical degree. We encourage you to record work experience that is not necessarily linked to the medical field in this section.

To add multiple entries, click **SAVE**, then **+ Add record**.



**Work Experience**  
This section is for recording previous work experience other than medical practice.  
Note: You can create multiple entries using the 'Add record' feature.

Add record Language selection: [English Records](#) [French Records](#) Collapse all

1 Job Title:

2 Organization:   
Address line 1:   
Address line 2:

2 City:   
Country:

Province/state/region:   
Postal code/zip:

3 Start date:   Present ☐

3 End date:

4 Description (500 characters or less)

500 characters left

SAVE CANCEL

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

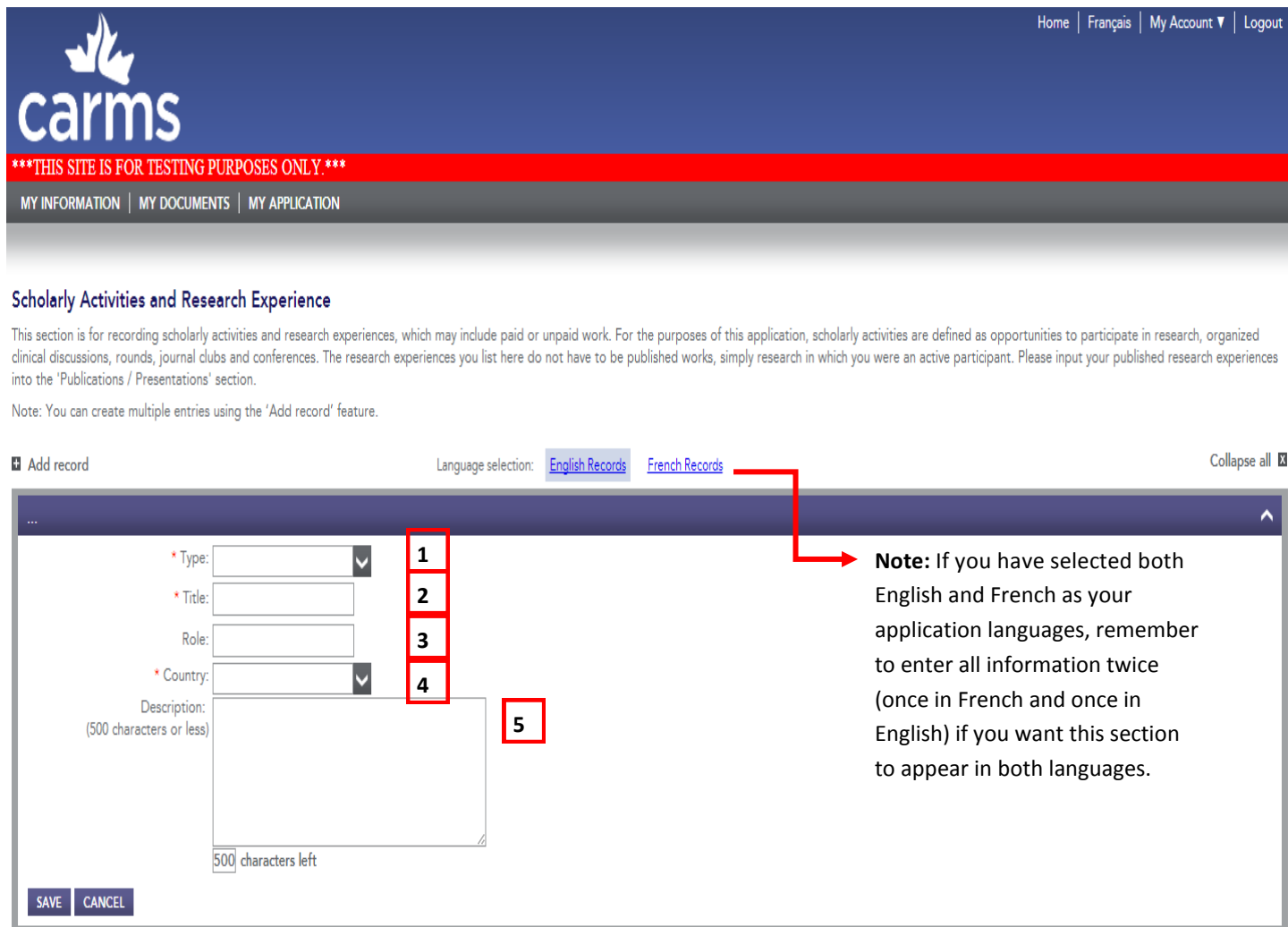
Figure 4.18

1. Enter the **Job Title**. If you did not have a specific title, you can enter N/A and provide an explanation in the **Description** box.
2. Enter the **Address, City** and **Country** of your work experience.
3. Enter the **Start date** and **End date** of your work experience. You will not be able to enter a date that is later than the present date. If your work experience will end on a future date, mention it in the **Description** box.
4. Enter a short **Description** of your work experience, if desired.

## 4.6.2-Scholarly Activities and Research Experience

Record any scholarly activities and research experiences, including participation in research, organized clinical discussions, rounds, journal clubs and conferences. The **ECFMG** defines a scholarly activity as “an opportunity for residents/fellows and faculty to participate in research, as well as organized clinical discussions, rounds, journal clubs, and conferences.”

To add multiple entries, click **SAVE**, then **+ Add record**.



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### Scholarly Activities and Research Experience

This section is for recording scholarly activities and research experiences, which may include paid or unpaid work. For the purposes of this application, scholarly activities are defined as opportunities to participate in research, organized clinical discussions, rounds, journal clubs and conferences. The research experiences you list here do not have to be published works, simply research in which you were an active participant. Please input your published research experiences into the 'Publications / Presentations' section.

Note: You can create multiple entries using the 'Add record' feature.

+ Add record Language selection: [English Records](#) [French Records](#) Collapse all

\* Type:  1

\* Title:  2

Role:  3

\* Country:  4

Description:  5  
(500 characters or less)

500 characters left

SAVE CANCEL

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

Figure 4.19

1. Select the **Type** of activity or experience.
2. Enter the **Title** of the scholarly activity or research experience (e.g. the name of conference you attended).
3. Indicate your **Role**. This field is not a mandatory field and can be left empty if it is not relevant to your scholarly activity or research experience
4. Enter the **Country** in which the scholarly activity or research experience took place.
5. Enter a short **Description** of your scholarly activity or research experience, if desired.

## 4.6.3-Observerships

Record any observerships you have completed.

An observership is a period of time spent observing clinical practice, usually with no patient contact. It is also sometimes referred to as a shadowing opportunity. Normally an observership lasts between one week and one month. It does not involve a service commitment or a salary and is non-accredited. Many IMGs will have experience that is very similar to the definition of an observership but includes a certain amount of patient contact. Such experience can still be entered in the **Observership** section but patient contact must be mentioned in the **Description** box. To add multiple entries, click **SAVE**, then **+ Add record**.

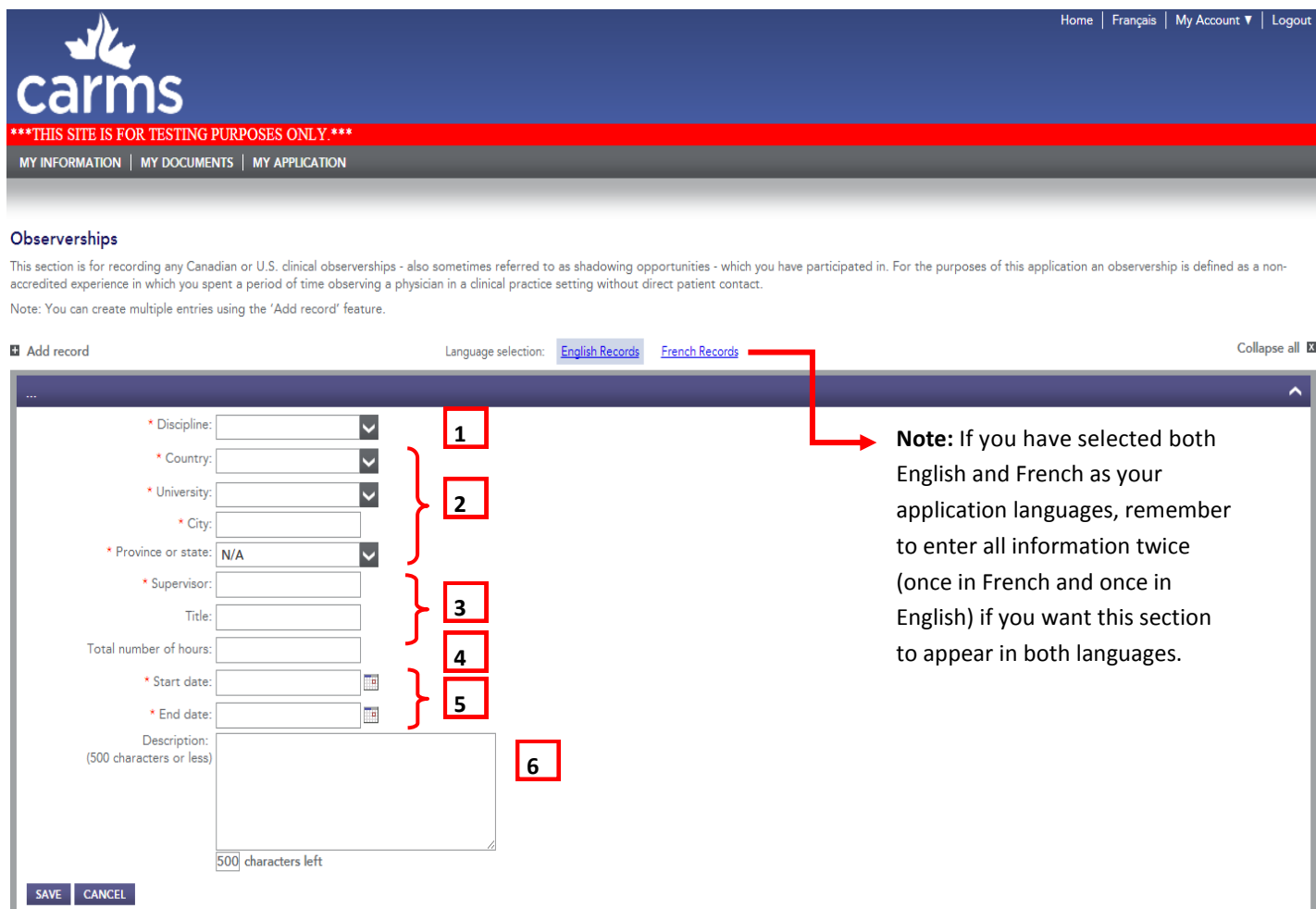


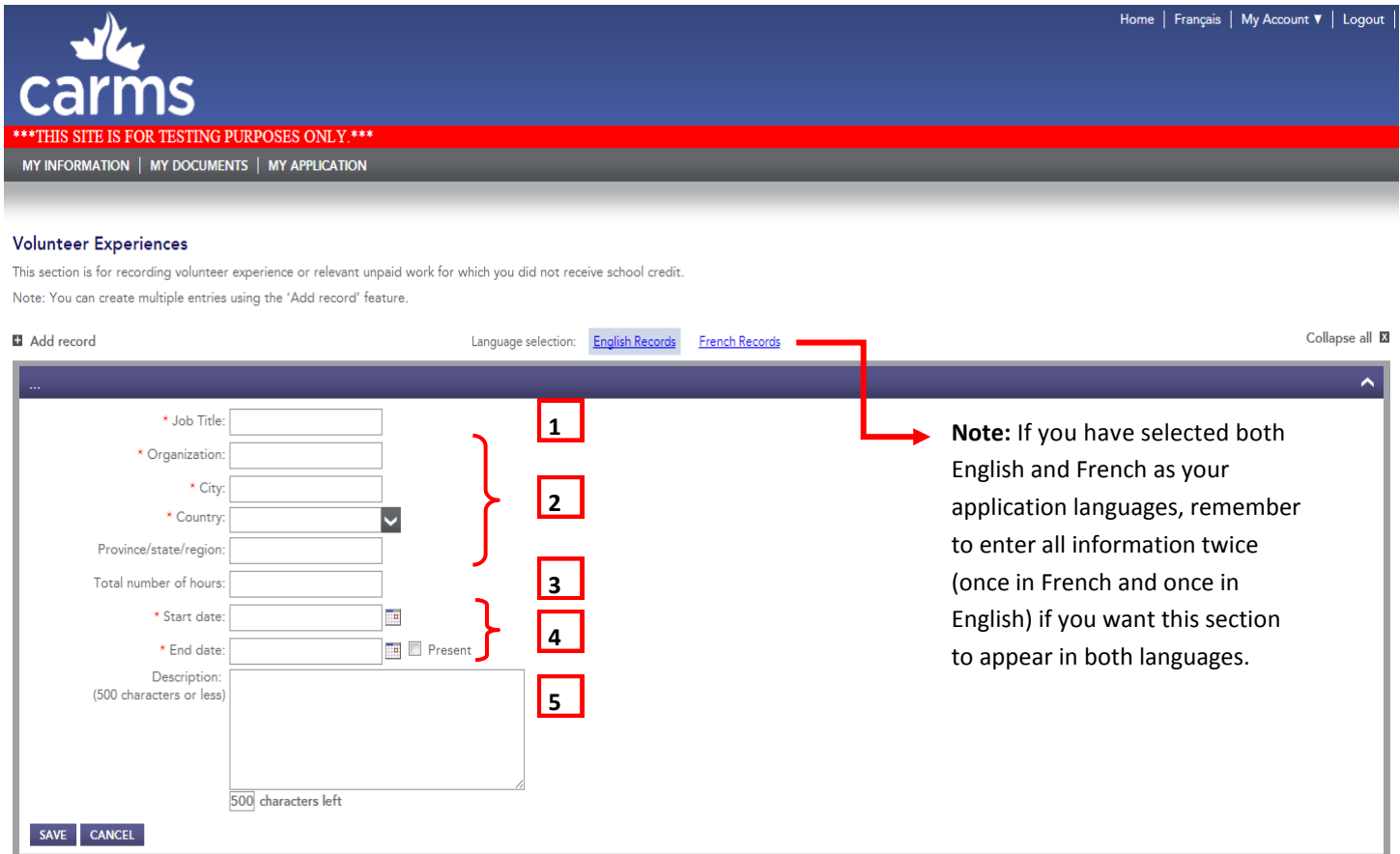
Figure 4.20

1. Select the **Discipline** from the dropdown menu. If the description does not appear in the menu, select **Other**.
2. Enter the **Country** and **University** where the observership was conducted. If the observership was not affiliated with a university, select **Not affiliated with university**. Note: only list observerships done in Canada and the US in this section.
3. Enter the name of your **Supervisor**. If you no longer remember his or her name, enter N/A and provide an explanation in the **Description** box.
4. Enter the **Total number of hours** of your observership. This is not a mandatory field. If the number of hours exceeds the number that the system allows, enter the number of hours in the **Description** box.
5. Enter the **Start date** and **End date** of the observership.
6. Enter a short **Description** of the observership, if desired.

## 4.6.4-Volunteer

Record any volunteer experience or relevant unpaid work for which you did not receive school credit. Volunteer experience does not have to be linked to the medical field. You may record volunteer experience that took place prior to obtaining your medical degree.

To add multiple entries, click **SAVE**, then **+ Add record**.



**Volunteer Experiences**

This section is for recording volunteer experience or relevant unpaid work for which you did not receive school credit.  
Note: You can create multiple entries using the 'Add record' feature.

**Add record** Language selection: [English Records](#) [French Records](#) Collapse all

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

1. Job Title:

2. Organization:  City:  Country:

3. Total number of hours:

4. Start date:  End date:  Present ☐

5. Description:

500 characters left

**SAVE** **CANCEL**

Figure 4.21

1. Enter your **Job Title**. If you did not have a specific title, enter 'Volunteer worker'.
2. Enter the name of the **Organization** for which you volunteered, as well the **City** and **Country** where it was located.
3. Enter the **Total number of hours**, if desired. This is not a mandatory field. If the number of hours exceeds the number that the system allows, you may input the number of hours in the **Description** box.
4. Enter the **Start date** and **End date** of your volunteer experience. You will not be able to enter a date that is later than the present date. If your volunteer experience will end on a future date, mention it in the **Description** box.
5. Enter a short **Description** of the volunteer experience, if desired.



## 4.6.5-Clinical Practice Experience

Record clinical practice experience. This may include paid or unpaid work. For the purposes of this application, clinical practice experience is defined as actively practicing medicine with an independent license without supervision.

To add multiple entries, click **SAVE**, then **+ Add record**.

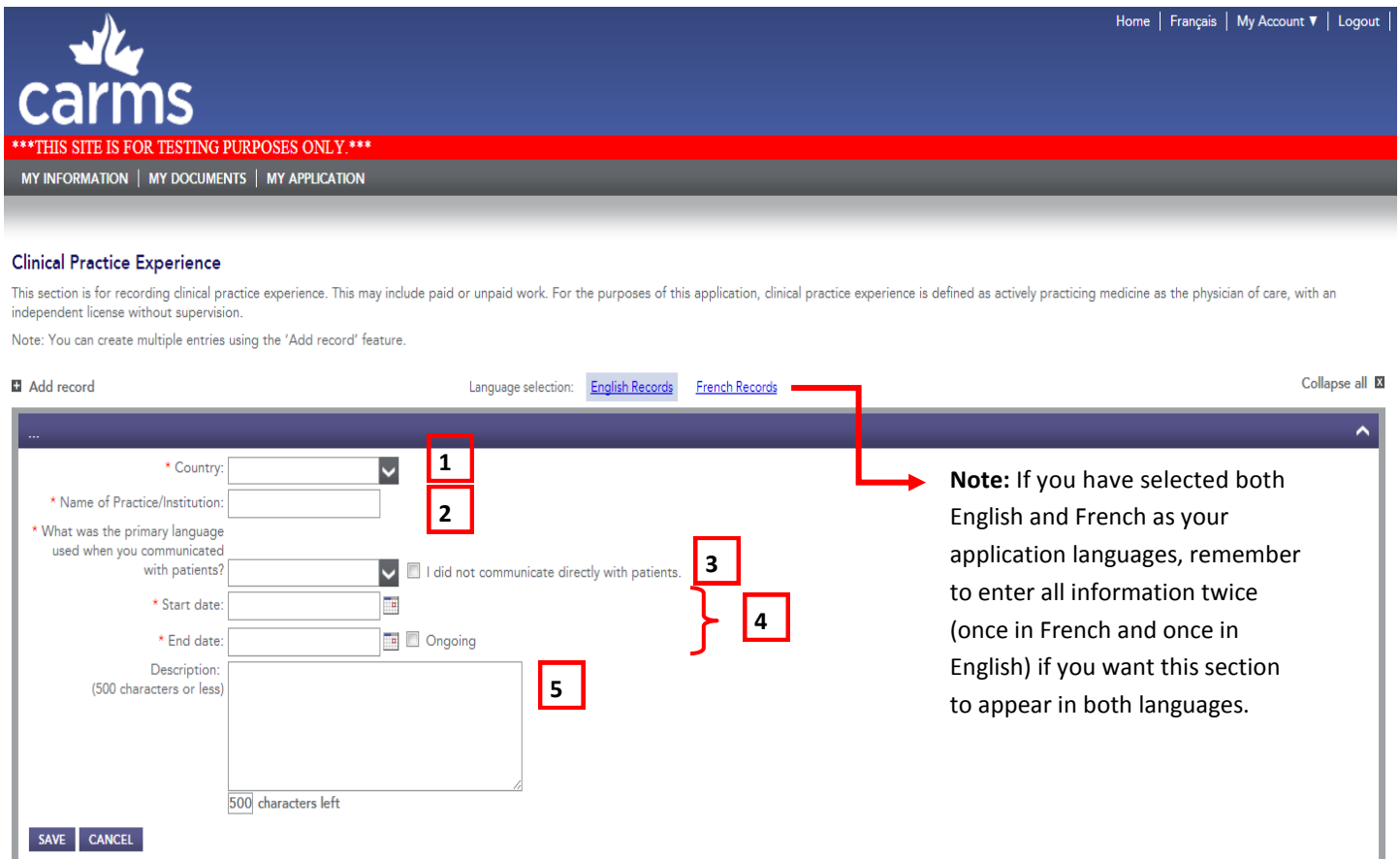


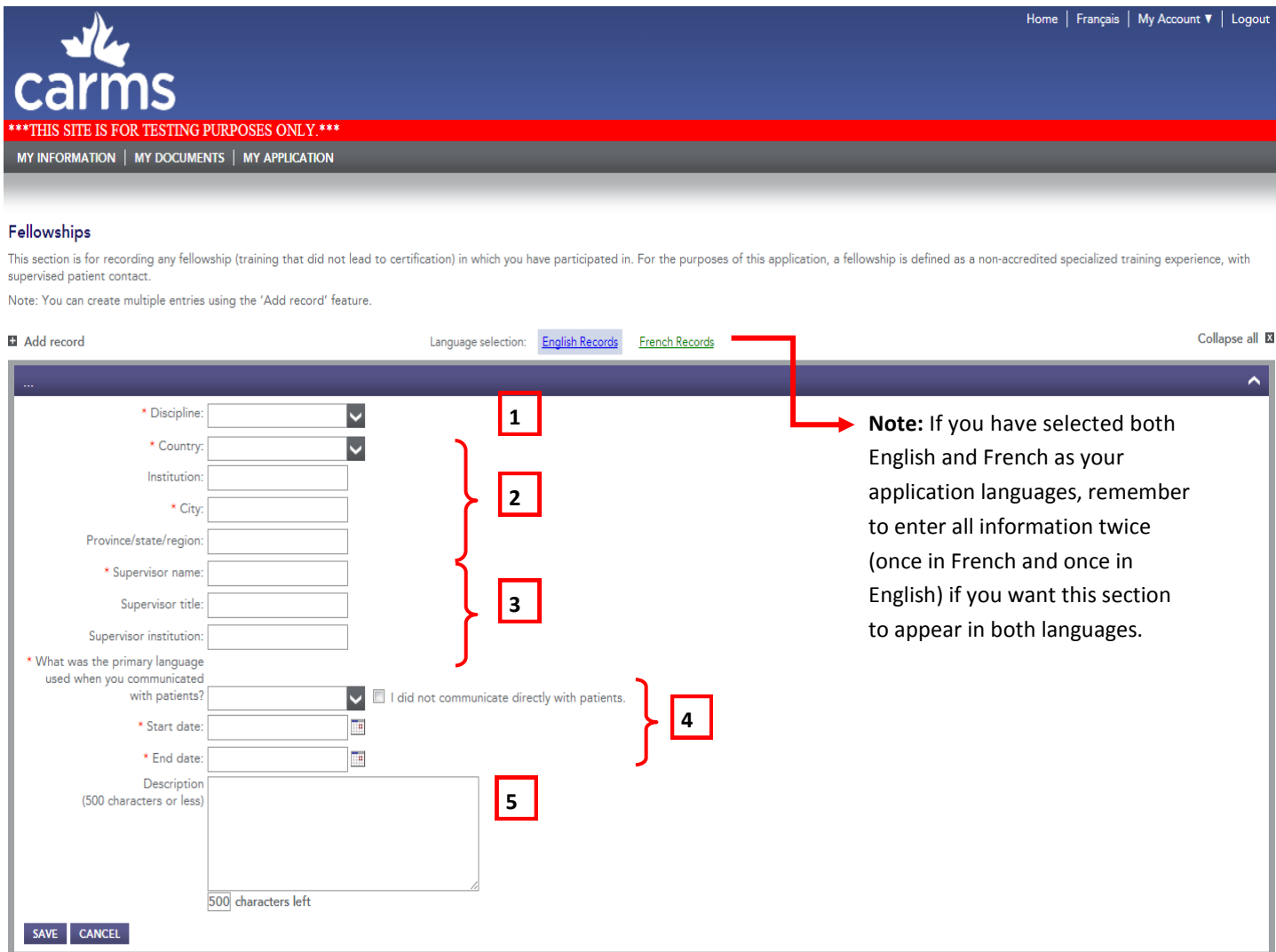
Figure 4.22

1. Enter the **Country** in which you practiced.
2. Enter the name of the **Institution** with which you were affiliated.
3. Indicate the primary language you used to communicate with patients. If you did not communicate with patients, check the 'I did not communicate directly with patients' box.
4. Enter the **Start date** and **End date** of the clinical practice experience. If it is still taking place, check **Ongoing**.
5. Enter a short description of your clinical practice experience, if desired. Indicate if you practiced with a restricted licence.

## 4.6.6-Fellowships

Record any fellowships you have completed. Fellowships are non-accredited programs that are considered additional specialized training experience involving patient contact. Clinical Fellows must be able to provide evidence that they are recognized as specialists in the jurisdiction where they are currently practicing medicine. Training as a Clinical or Research Fellow in the Department of Medicine is not accredited nor is it approved as residency training towards certification by the Royal College. Fellowships tend to be more research-oriented. Fellowships (and Observerships) are *not* electives.

To add multiple entries, click **SAVE**, then **+ Add record**.



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### Fellowships

This section is for recording any fellowship (training that did not lead to certification) in which you have participated in. For the purposes of this application, a fellowship is defined as a non-accredited specialized training experience, with supervised patient contact.

Note: You can create multiple entries using the 'Add record' feature.

Add record Language selection: English Records French Records Collapse all

1 Discipline: [dropdown]

2 Country: [dropdown] Institution: [text]

3 City: [text] Province/state/region: [text]

Supervisor name: [text] Supervisor title: [text] Supervisor institution: [text]

4 What was the primary language used when you communicated with patients? [dropdown] I did not communicate directly with patients. [checkbox]

Start date: [calendar] End date: [calendar]

5 Description (500 characters or less) [text area]

500 characters left

SAVE CANCEL

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

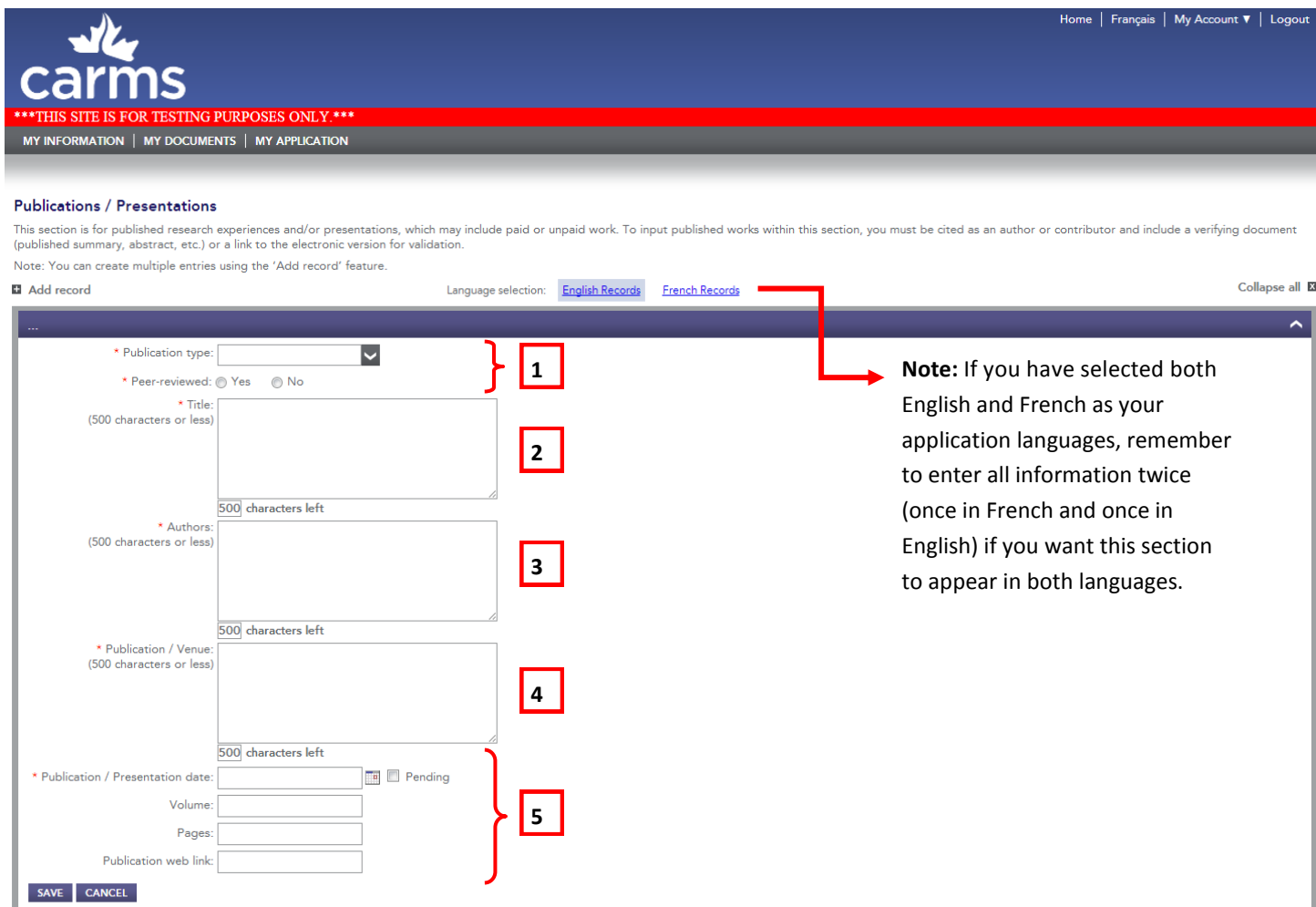
Figure 4.23

1. Select the **Discipline** of your fellowship from the list in the dropdown menu. If the appropriate option does not appear in the list, select 'Other' and enter the name of the discipline.
2. Enter the location (**Country**, **City**) where the fellowship took place. If desired, enter the **Institution**.
3. Enter the **Supervisor name**. If you no longer remember your supervisor's name, write N/A and then explain the situation in the **Description** box. If desired, enter the **Supervisor title** and **Supervisor institution**.
4. Enter the **Start date** and **End date** of the fellowship. You will not be able to enter a date that is later than the present date. If the fellowship will end on a future date, mention it in the **Description** box.
5. Enter a short **Description** of your fellowship, if desired.

## 4.6.7- Publications/Presentations

Record any presentations and/or publications. Once the information has been entered in this section, we recommend that you upload the corresponding abstract(s) in the **Attach Document** section. Posters may be included as supporting documents. Files should be smaller than 2MB and not exceed four pages.

To add multiple entries, click **SAVE**, then **+ Add record**.



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**Publications / Presentations**

This section is for published research experiences and/or presentations, which may include paid or unpaid work. To input published works within this section, you must be cited as an author or contributor and include a verifying document (published summary, abstract, etc.) or a link to the electronic version for validation.

Note: You can create multiple entries using the 'Add record' feature.

Add record Language selection: [English Records](#) [French Records](#) Collapse all

\* Publication type:

\* Peer-reviewed: ☐ Yes ☐ No

\* Title: (500 characters or less)

500 characters left

\* Authors: (500 characters or less)

500 characters left

\* Publication / Venue: (500 characters or less)

500 characters left

\* Publication / Presentation date:   ☐ Pending

Volume:

Pages:

Publication web link:

**Note:** If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.

Figure 4.24

1. Select the **Publication type** from the dropdown menu. If a specific publication/presentation type does not appear in the dropdown menu, select 'Other'. Indicate whether the publication has been peer-reviewed.
2. Enter the full **Title** of the publication/presentation.
3. Enter the name(s) of the **Authors** of the publication/presentation.
4. Enter the name of the publication or the venue of the presentation.
5. Enter the **Publication/Presentation date**. If you choose to include the **publication web link**, please be advised that it may not be accessible by all programs and file reviewers.

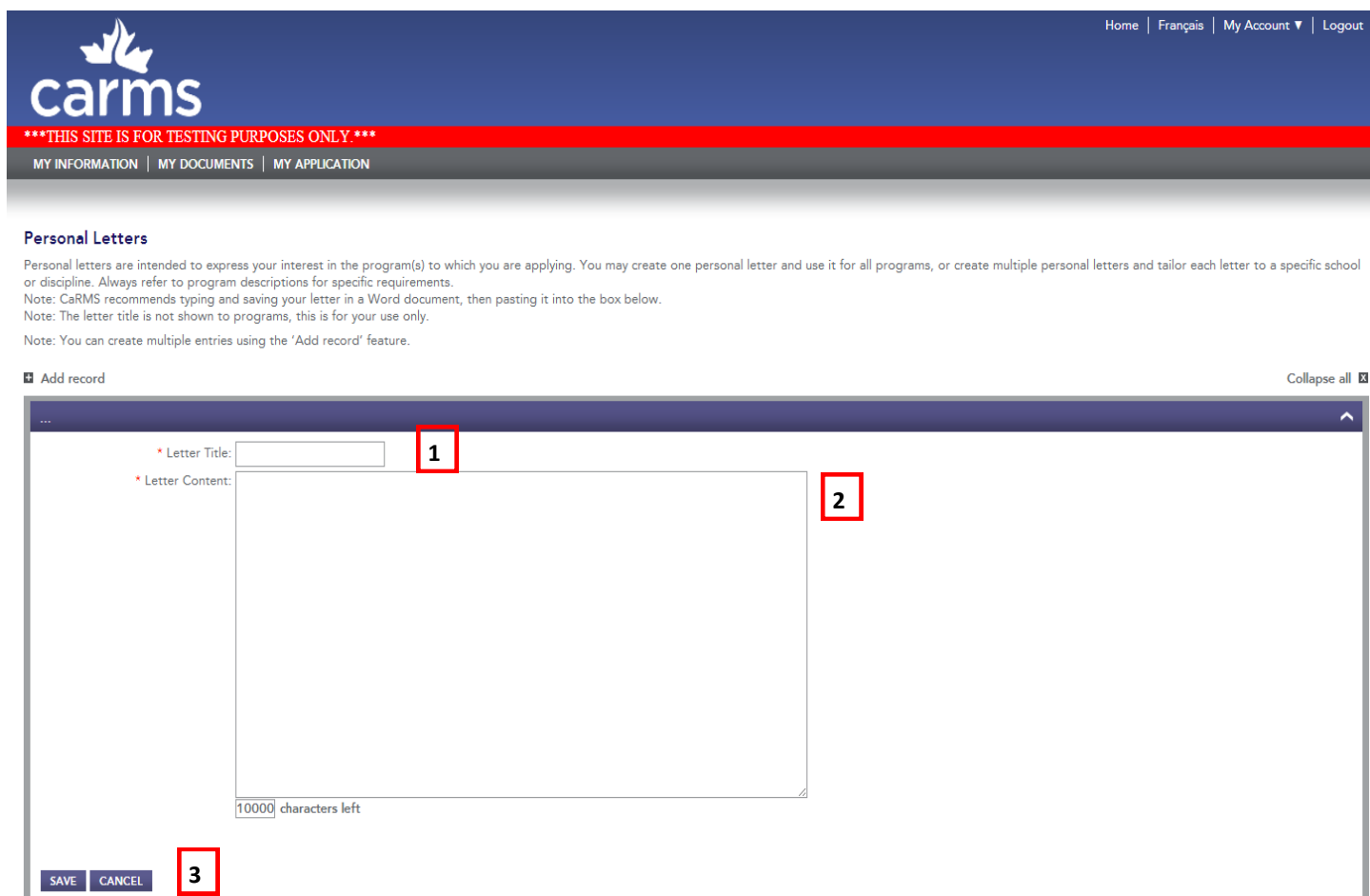
## 5-My Documents

### 5.1-Personal Letter

Enter personal letters in this section. Please do not submit them as extra documents. Each program can have its own criteria regarding the content of personal letters. Please review program descriptions for more information (<https://phx.e-carms.ca/phoenix-web/pd/main?mitid=1161>).

To add multiple entries, click **SAVE**, then **+ Add record**.

Note: You may assign one personal letter to each of your programs. To determine the length of your letter, we suggest typing it into a Word document and pasting it into this section when complete.



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#### Personal Letters

Personal letters are intended to express your interest in the program(s) to which you are applying. You may create one personal letter and use it for all programs, or create multiple personal letters and tailor each letter to a specific school or discipline. Always refer to program descriptions for specific requirements.

Note: CaRMS recommends typing and saving your letter in a Word document, then pasting it into the box below.

Note: The letter title is not shown to programs, this is for your use only.

Note: You can create multiple entries using the 'Add record' feature.

+ Add record

Collapse all

Letter Title:

Letter Content:

10000 characters left

SAVE CANCEL

Figure 5.1

1. Enter a **Letter Title**. The letter title will be used to identify the letter on your **Document Tracking** list. This title will not be visible to programs.
2. Write or copy/paste the letter into the text box.
3. Click **SAVE** once the letter is complete. Preview the letter by clicking the **PREVIEW/PRINT** button. You can modify a letter at any time before you assign it to a program. If you wish to make changes to a letter after you have assigned it to a program, you must unassign the letter, edit, **SAVE**, and re-assign it to the program.

## 5.2-Letters of Reference and Applicant Support Forms

Request letters of reference or applicant support forms.

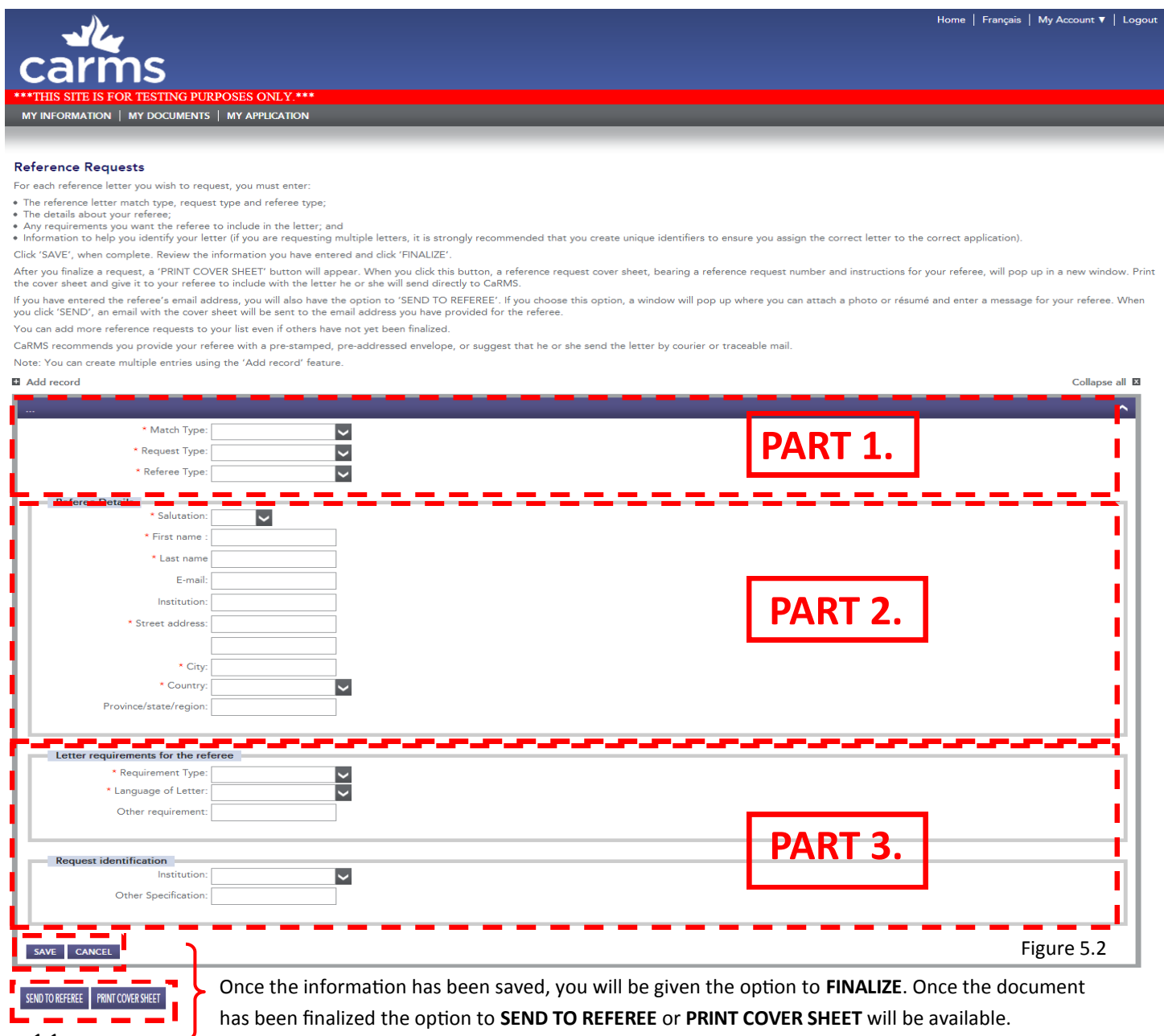
Prior to sending out reference requests, consult the program descriptions posted on the CaRMS website (<https://phx.e-carms.ca/phoenix-web/pd/main?mitid=1161>) to determine each program's reference letter requirements (i.e., number and type).

To create a cover sheet for a letter of reference or an applicant support form, enter the referee's information into the **Letters of Reference** section under **MY DOCUMENTS**. Save the information and finalize the cover sheet. Once finalized, the cover sheet can be sent to the referee by one of the two methods:

- Email: If you have included your referee's email address, you will be able to click the **SEND TO REFEREE** button to send an email to your referee containing the cover sheet and instructions on how to submit a reference letter.
- Print: You may **PRINT** the cover sheet and provide a hardcopy to your referee. Instructions on how to submit a reference letter are found on the cover sheet.

**Note:** a letter of reference cover sheet cannot be edited once it has been finalized.

### Steps to enter referee information:



The screenshot shows the 'Reference Requests' form in the CaRMS system. The form is divided into three main sections, each highlighted with a red dashed box and a label:

- PART 1:** This section contains the 'Match Type', 'Request Type', and 'Referee Type' dropdown menus.
- PART 2:** This section contains the 'Referee Details' form, including fields for Salutation, First name, Last name, E-mail, Institution, Street address, City, Country, and Province/state/region.
- PART 3:** This section contains the 'Letter requirements for the referee' and 'Request identification' forms. The 'Letter requirements' section includes 'Requirement Type', 'Language of Letter', and 'Other requirement' fields. The 'Request identification' section includes 'Institution' and 'Other Specification' fields.

At the bottom of the form, there are two buttons: 'SAVE' and 'CANCEL'. Below these buttons, there are two more buttons: 'SEND TO REFEREE' and 'PRINT COVER SHEET'. A red bracket points to these buttons with the text: 'Once the information has been saved, you will be given the option to **FINALIZE**. Once the document has been finalized the option to **SEND TO REFEREE** or **PRINT COVER SHEET** will be available.'

Figure 5.2

## PART 1.



Figure 5.3

1.

Select the **Match Type** from the drop down menu.

2.

Select the **Request Type**:

- A **Letter of reference** is a letter written by your referee recommending you for a residency position.
- An **Applicant Support Form** is a checkbox evaluation form that may be requested by Québec programs. Please review the program descriptions for requirements and the form. The applicant support form is not sent automatically with the cover sheet; it must be sent separately.

3.

Select the **Referee Type**. Note: for the R-1 Match, select 'Regular'.

## PART 2.

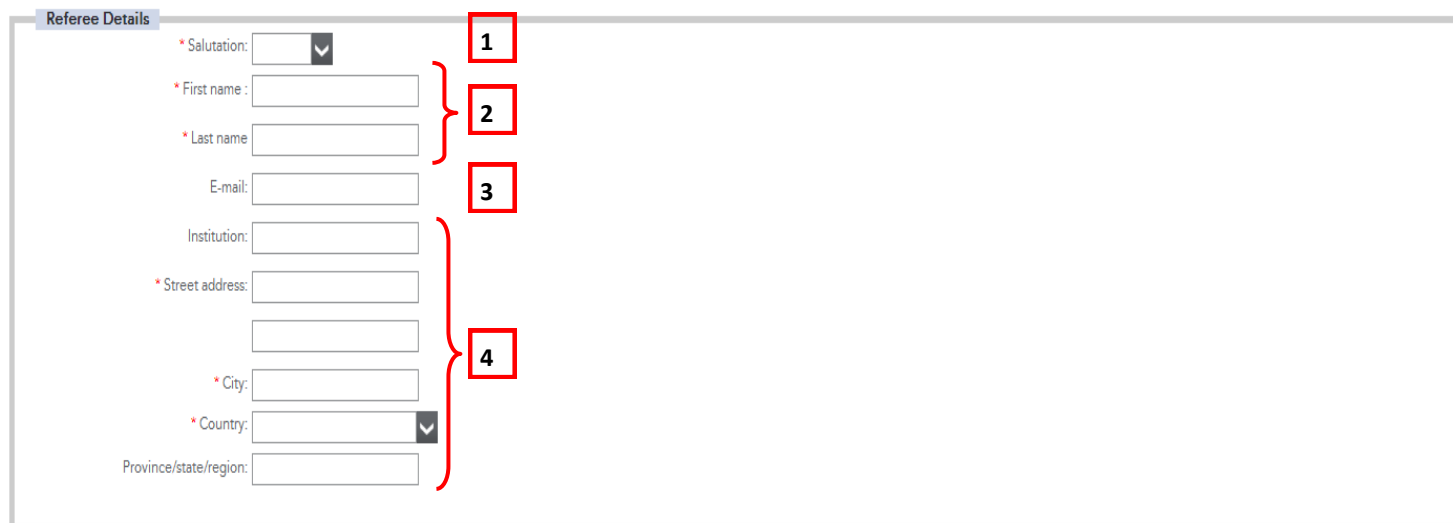


Figure 5.4

1.

Enter a **Salutation** for the referee.

2.

Enter the **First name** and **Last name** of the referee.

3.

Enter an **Email address** for your referee. This will allow you to send your reference request via your CaRMS Online account.

4.

Enter the **Street address**, **City** and **Country** of the referee's place of work.

## PART 3.

Letter requirements for the referee

\* Requirement Type:  1  
\* Language of Letter:  2  
Other requirement:

Request identification

Institution:  3  
Other Specification:

Figure 5.5

1. Enter the **Requirement Type** of your letter:
  - A **Specific** letter is Intended for a specific program or discipline. If you select 'Specific', you must list the discipline for which the letter is intended.
  - A **Non specific** letter is generic and suitable for any program.
2. Select the **Language of Letter**. Letters can be in either English or French.
3. Enter **Request identification**, if desired. It identifies to which program you plan to assign the letter.

### Letter of reference / Applicant Support Form Statuses

Once your letter of reference or applicant support form has been requested, you can track its status on your **Document Tracking** page (see section 5.4). Reference letters will be listed with one of the following statuses:

- Submitted:** The letter has been submitted online.
- Scanned:** The letter was received by mail and the CaRMS Document Centre has scanned it into your account.
- Uploaded:** The letter was sent to CaRMS for the referee via the transfer portal and the CaRMS Document Centre has uploaded the letter into your account.
- Created:** The letter has been saved but not finalized.
- Printed:** The cover sheet has been printed.
- Requested:** You have sent a request (cover sheet) to your referee via email.
- Finalized:** The cover page has been finalized but you have not sent it to your referee via email or printed the cover sheet.

## 5.3-Attach Document

Add documents to your application. In this section, you can:

- Upload PDF copies of your documents directly to your account.
- Create and print cover sheets for your documents.
- Flag a document for transfer from physiciansapply.ca (select documents only—medical school transcript, diploma, MCC exams).

You can upload most of the documents required for your application. The only documents you cannot upload are your MSPR, medical school transcript and letters of reference. You can upload certified copies of all other types of documents.

- {

**Note:** All documents sent by mail require a cover sheet.

**Note:** CMGs do not require a cover sheet for their MSPR or medical school transcript.

}

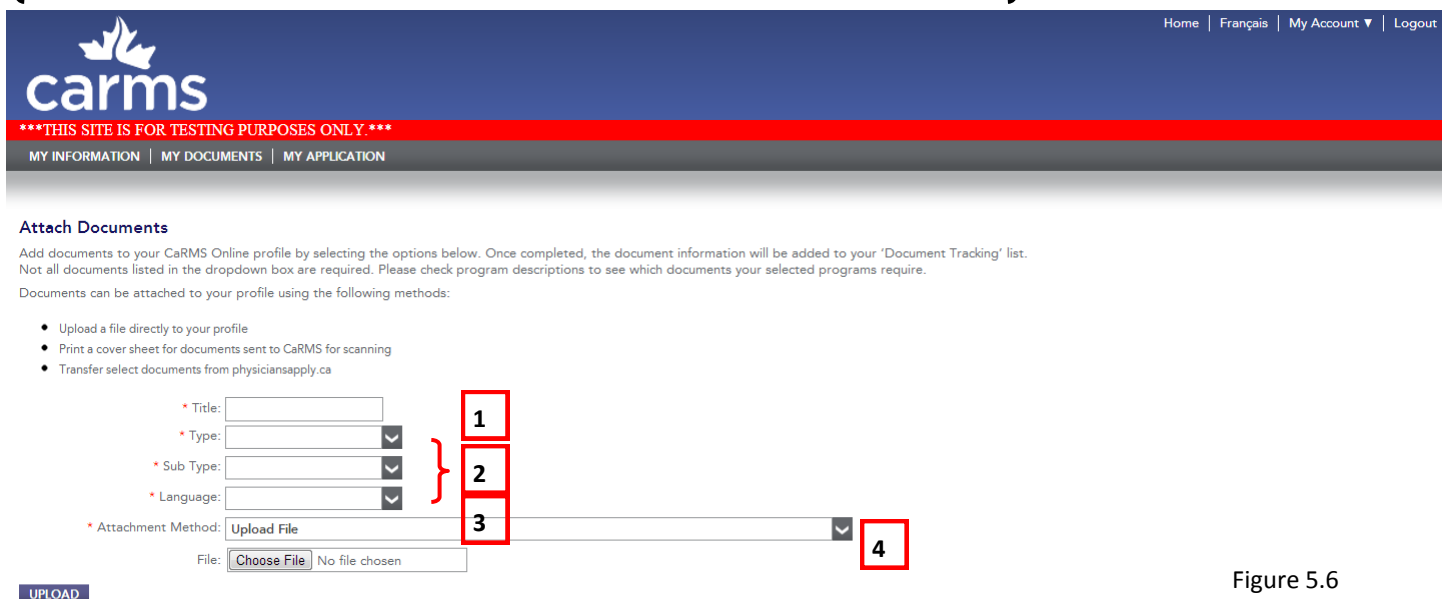


Figure 5.6

**1** Enter a **Title** for your document. This title will be used to identify the document on your **Document Tracking** page.

**2.** Select the **Type** and **Sub Type** for your document. These labels will be used by programs to identify your documents.

**3.** Indicate the **Language** of the document. All documents must be in either French or English.

**4.** Select the **Attachment method**:

- **Upload File:** You can upload the document directly to your account.
- **Scan at CaRMS (coversheet):** You can create a coversheet, print it and send the document to the CaRMS Document Centre.
- **Transfer document from physiciansapply.ca:** You can request a transfer from physiciansapply.ca. To complete the transfer, enter your MCC Candidate code and authorize the transfer by checking the box. Click **TRANSFER** to authorize the transfer of the document from your physiciansapply.ca account to CaRMS. The transfer will be processed within 10-15 business days.

If you are registered with physiciansapply.ca, you may transfer documents directly from physiciansapply.ca to CaRMS.

To do so, go to your physiciansapply.ca account and select the option to share any/all of these documents with CaRMS. You will need to enter your CaRMS ID.

Once you have completed the sharing process on physiciansapply.ca, you must inform CaRMS through this section that the documents have been shared.

Medical Council of Canada examinations and the NAC OSCE:

The MCC supplemental feedback report only applies to examinations taken after January 2010. Results documents for MCC examinations taken before September 2006 are not available for transfer. Only NAC results documents for examinations taken in or after 2012 are available for transfer from physiciansapply.ca. For more information, [click here](#).

Please allow 10 business days for these documents to be processed by CaRMS.

\* MCC Candidate Code

☐ I have shared the document above with CaRMS through my physiciansapply.ca account.





## 5.4-Document Tracking

Track your documents in your document data bank. If a document is in the **Document Tracking** section it means that an electronic entry has been created for it; however, this does not necessarily mean that the document has been added to your application. You can check the status of the document in the **Status** column. All documents in the **Current Documents** section are available for assignment to programs.

If you decide to archive a document, select the document and click **ARCHIVE**. The document will be moved to the **Archived Documents** section. Once archived, a document cannot be assigned to programs.

If you wish to assign an archived document, you must click the **RESTORE** button to return it to the **Current Documents** section (this option is not available yet).

Certain types of documents cannot be viewed, but this does not mean they are not in your account. Documents that cannot be viewed include your MSPR and letters of reference, as these documents must remain confidential.

### Document Tracking glossary:



### Document Tracking

Below is the list of all your current documents. It includes the language and status for each document you have created in CaRMS Online, as well as the date each document was processed.

If you have documents in your list that you are not using, you may move them to the 'Archived Documents' list. Once archived, documents will be removed from your current list but you will have the option to restore them.

The spots for the Medical School Transcript and Medical Student Performance Record (MSPR) are automatically created by CaRMS. If you have attended more than one medical school and require a spot for an additional Medical School Transcript or Medical Student Performance Record (MSPR), please contact CaRMS.

If your medical school has an undergraduate office account with CaRMS Online, they will be able to view your photograph, MSPR and Medical School Transcript.

Current Documents

Archived Documents

Below is the list of all your current documents.

Search:

3

4

5

6

7

8

9

10

| Type                               | Document                           | Title              | ID     | Language | Status  | Date | View Document |
|------------------------------------|------------------------------------|--------------------|--------|----------|---------|------|---------------|
| Transcripts                        | Medical School Transcript          | Medical Transcript | 323529 | EN       | Created |      |               |
| Transcripts                        | Medical School Transcript          | Medical Transcript | 323530 | FR       | Created |      |               |
| Medical Student Performance Record | Medical Student Performance Record | MSPR               | 323531 | EN       | Created |      |               |
| Medical Student Performance Record | Medical Student Performance Record | MSPR               | 323532 | FR       | Created |      |               |

11

12

13

15

EDIT

PRINT COVER SHEET

ARCHIVE

DELETE

Figure 5.8

- Documents found in the **Current documents** tab are active and can be assigned to programs.
- Place documents in the **Archived Documents** section when you no longer wish to use them. To archive a document in the **Current Documents** section, select the document and click **ARCHIVE**. Note: Archived documents cannot be assigned to programs.

Below is the list of all your archived documents.

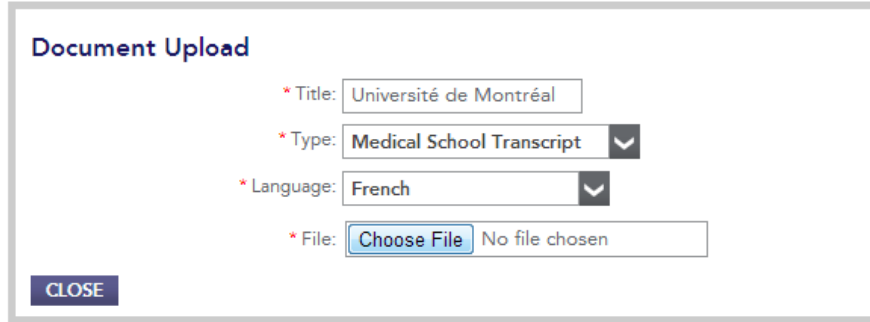
Search:

| Type                      | Document | Title | ID | Language | Status | Date | View Document |
|---------------------------|----------|-------|----|----------|--------|------|---------------|
| No matching records found |          |       |    |          |        |      |               |
| 14                        | 15       |       |    |          |        |      |               |
| RESTORE                   | DELETE   |       |    |          |        |      |               |

Figure 5.9

3. The document **Type** is used to identify your documents once file review begins.
4. **Document** is the subtype of your document. This field is not visible to programs.
5. The **Title** is not visible to programs.
6. The document **ID** is for identification purposes only. You can use the **ID** to find a document in Document tracking when you have several documents with the same **Type** and **Title**.
7. The **Language** of the document.
8. The **Status** of the document indicates whether it is present in your account. Options include:
  - Submitted:** A document has been submitted online.
  - Scanned:** A document received by mail and the CaRMS Document Centre has scanned it into your account.
  - Uploaded:** A document was uploaded to your account.
  - Created:** A reference request (cover sheet) has been saved but not finalized.
  - Printed:** A cover sheet has been printed.
  - Requested:** You have sent a reference request (cover sheet) to a referee.
  - Finalized:** A cover page has been finalized but you have not sent it to your referee via email or printed the cover sheet.
9. The **Date** indicates the date the document was last modified.
10. Click **VIEW** to see a document. This is a clear indicator that the document is in your account. Only MSPRs and letters of reference cannot be viewed.

11. The **EDIT** button allows you to replace an existing document with a new uploaded file. The **Title**, **Type** and **Language** can be modified. Please note that you are not able to edit finalized reference requests.



The form is titled "Document Upload". It contains four fields, each with a red asterisk indicating a required field:

- \* Title: A text input field containing "Université de Montréal".
- \* Type: A dropdown menu showing "Medical School Transcript".
- \* Language: A dropdown menu showing "French".
- \* File: A button labeled "Choose File" next to the text "No file chosen".

At the bottom left of the form is a blue button labeled "CLOSE". A red arrow points from the right side of the page towards the form.

Figure 5.10

12. You can select a document and click **PRINT COVER SHEET** as many times as you wish.
13. Selecting a document and clicking **ARCHIVE** will automatically transfer that document to the **Archived Documents** tab.
14. You can restore a document that has been archived by clicking **RESTORE**.
15. You may permanently delete documents from your Document Tracking by clicking **DELETE**.

Document deletion rules:

- Slots that do not contain a document can be deleted. Please note that there may be some exceptions to this rule;
- Certain document types cannot be deleted (when a document is stored in a slot): MSPR, Letter or References and Applicant Support Form, Assessments, Examinations and Medical School Transcript. Please note that there may be some exceptions to this rule;
- You are unable to delete documents being transferred by a third party (eg. Physiciansapply.ca, universities, referee...).
- Documents or document slots that are part of a translation request cannot be deleted;
- Documents or document slots that are assigned to a program cannot be deleted.

Keep in mind that deletion rules may change over time.

## 5.5-Translation Request

Submit select documents for translation through CaRMS' translation service. Only reference letters, MSPRs and medical school transcripts can be translated by CaRMS. Translation is only available from French to English or English to French. Please note that fees apply.



### Translation request

Below is a list of documents available for translation, as well as any translation requests you have submitted.

Fees:

- Reference letters - \$125.00 + tax
- MSPRs - \$300.00+ tax
- Medical school transcripts - \$250.00 + tax

Please note that translation requests made for documents already scanned or uploaded to your account cannot be cancelled.

Once translation is complete, you will see a date in the 'Date completed' column of the Documents Submitted for Translation table below and you will be prompted for payment. CaRMS cannot provide more specific tracking information.

CaRMS uses a third party to provide translation services and is not responsible for the accuracy or timeliness of translated documents.

Original letters of reference will be attached to translated copies in your application for reference purposes during file review.

Please direct any additional questions regarding CaRMS' translation service to [translationservice@carms.ca](mailto:translationservice@carms.ca).

### Documents submitted for translation

|  | Document Title | Document ID | Language of translation | Date submitted | Date completed |
|--|----------------|-------------|-------------------------|----------------|----------------|
|--|----------------|-------------|-------------------------|----------------|----------------|

No pending or completed translation requests.

### Documents available for translation

|                                     | Document Title   | Document ID | Language of original |
|-------------------------------------|--|-------------|----------------------|
| <input type="checkbox"/>            | MSPR   | 343431      | English              |
| <input type="checkbox"/>            | MSPR   | 343432      | French               |
| <input type="checkbox"/>            | Medical Transcript   | 343429      | English              |
| <input type="checkbox"/>            | Medical Transcript   | 343430      | French               |
| <input type="checkbox"/>            | RR id: GTFBPECN - Applicant Support Form - Mrs. Bonté Résoludas, French                                    | 343444      | French               |
| <input type="checkbox"/>            | RR id: NNQVLYW - Letter of Reference - Dr. Pinot Portero, Adult Cardiac Electrophysiology, English         | 343445      | English              |
| <input checked="" type="checkbox"/> | Code DR: EMWREJZU - Lettre de recommandation - Dr(e) Rodrigue Matrana, Médecine de l'adolescence, Français | 343497      | French               |

**SUBMIT FOR TRANSLATION**

1

Figure 5.11

1.

Once you have selected a document click **SUBMIT FOR TRANSLATION** to continue.

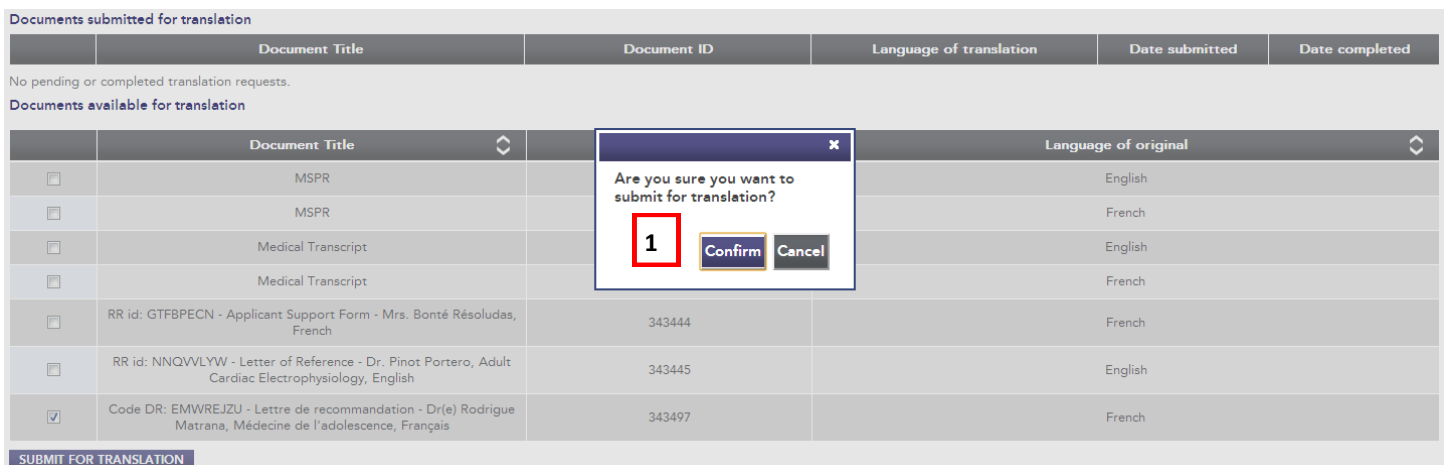


Figure 5.12

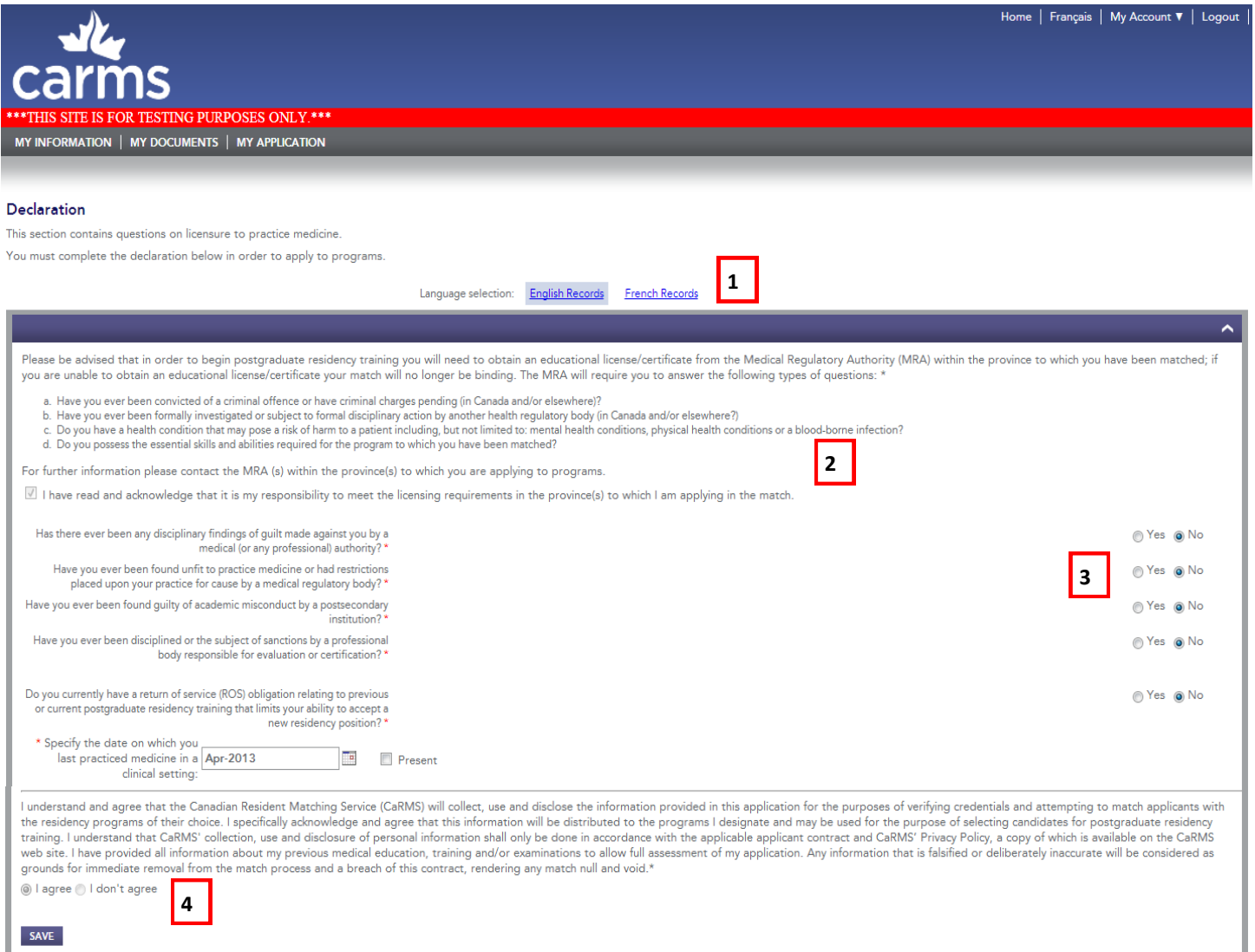
1.

Review your selection and click **CONFIRM** to proceed with the request for translation.

# 6-My Application

## 6.1-Declaration

Complete the **Declaration** page. This section is mandatory to apply to programs.



Home | Français | My Account | Logout

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MY INFORMATION | MY DOCUMENTS | MY APPLICATION

### Declaration

This section contains questions on licensure to practice medicine.  
You must complete the declaration below in order to apply to programs.

Language selection: [English Records](#) [French Records](#)

Please be advised that in order to begin postgraduate residency training you will need to obtain an educational license/certificate from the Medical Regulatory Authority (MRA) within the province to which you have been matched; if you are unable to obtain an educational license/certificate your match will no longer be binding. The MRA will require you to answer the following types of questions: \*

- Have you ever been convicted of a criminal offence or have criminal charges pending (in Canada and/or elsewhere)?
- Have you ever been formally investigated or subject to formal disciplinary action by another health regulatory body (in Canada and/or elsewhere)?
- Do you have a health condition that may pose a risk of harm to a patient including, but not limited to: mental health conditions, physical health conditions or a blood-borne infection?
- Do you possess the essential skills and abilities required for the program to which you have been matched?

For further information please contact the MRA (s) within the province(s) to which you are applying to programs.

☒ I have read and acknowledge that it is my responsibility to meet the licensing requirements in the province(s) to which I am applying in the match.

Has there ever been any disciplinary findings of guilt made against you by a medical (or any professional) authority? \*

Have you ever been found unfit to practice medicine or had restrictions placed upon your practice for cause by a medical regulatory body? \*

Have you ever been found guilty of academic misconduct by a postsecondary institution? \*

Have you ever been disciplined or the subject of sanctions by a professional body responsible for evaluation or certification? \*

Do you currently have a return of service (ROS) obligation relating to previous or current postgraduate residency training that limits your ability to accept a new residency position? \*

\* Specify the date on which you last practiced medicine in a clinical setting:  ☐ Present

I understand and agree that the Canadian Resident Matching Service (CaRMS) will collect, use and disclose the information provided in this application for the purposes of verifying credentials and attempting to match applicants with the residency programs of their choice. I specifically acknowledge and agree that this information will be distributed to the programs I designate and may be used for the purpose of selecting candidates for postgraduate residency training. I understand that CaRMS' collection, use and disclosure of personal information shall only be done in accordance with the applicable applicant contract and CaRMS' Privacy Policy, a copy of which is available on the CaRMS web site. I have provided all information about my previous medical education, training and/or examinations to allow full assessment of my application. Any information that is falsified or deliberately inaccurate will be considered as grounds for immediate removal from the match process and a breach of this contract, rendering any match null and void.\*

☒ I agree ☐ I don't agree

SAVE

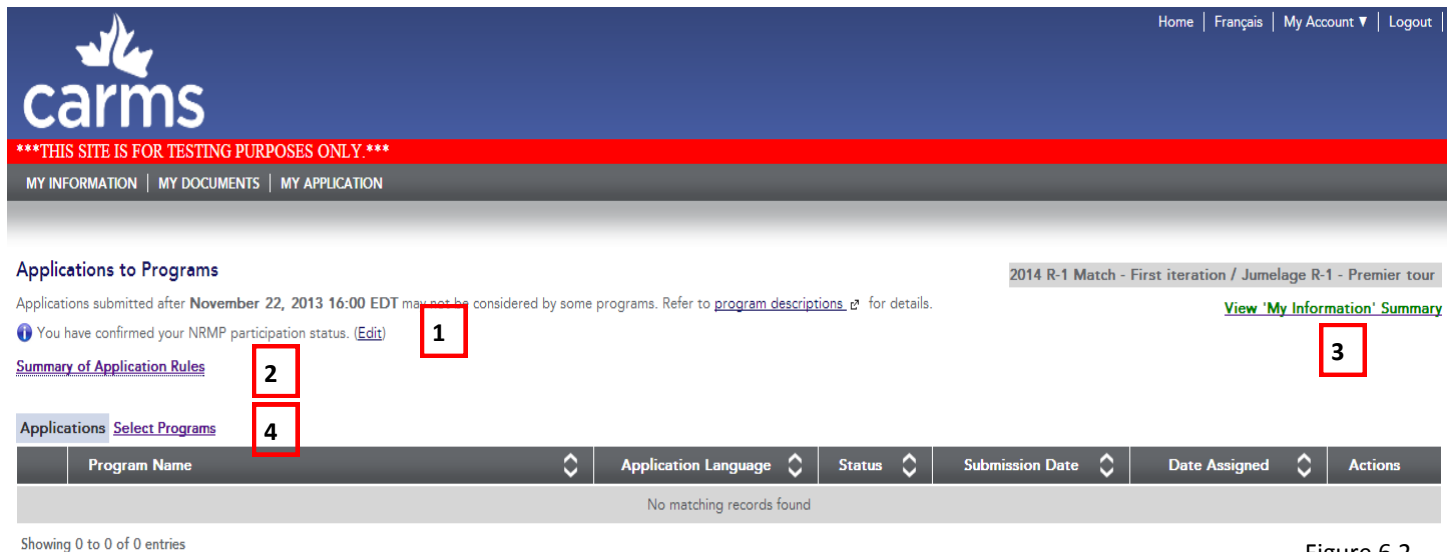
Figure 6.1

1. If you have selected both English and French as your application languages, remember to enter all information twice (once in French and once in English) if you want this section to appear in both languages.
2. Read the information and check to acknowledge you have read the provincial licensing requirements.
3. Answer the questions by selecting **YES** or **NO**.
4. Read the information and check « I Agree » to proceed to program selection.

## 6.2-Applications to Programs

### 6.2.1-Program Selection

Select the programs you wish to apply to.



Applications to Programs

Applications submitted after **November 22, 2013 16:00 EDT** may not be considered by some programs. Refer to [program descriptions](#) for details.

**1** You have confirmed your NRMP participation status. ([Edit](#))

[Summary of Application Rules](#) **2**

[View 'My Information' Summary](#) **3**

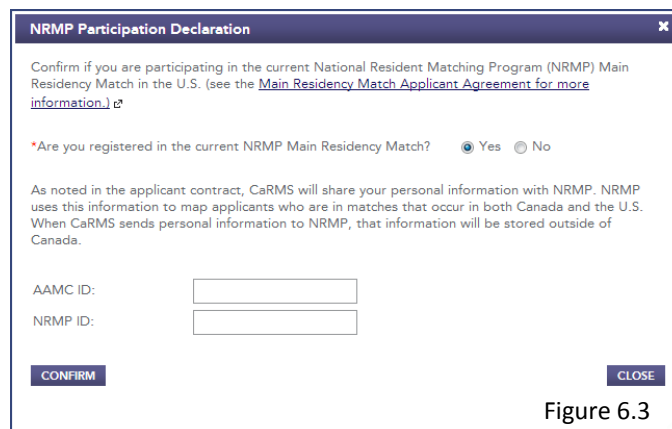
[Applications](#) [Select Programs](#) **4**

| Program Name              | Application Language | Status | Submission Date | Date Assigned | Actions |
|---------------------------|----------------------|--------|-----------------|---------------|---------|
| No matching records found |                      |        |                 |               |         |

Showing 0 to 0 of 0 entries

Figure 6.2

- 1.** Indicate whether you are participating in the NRMP match. Click **EDIT**. Select **YES** or **NO**. If yes, provide your AAMC ID and NRMP ID. Click **CONFIRM** to continue.



**NRMP Participation Declaration**

Confirm if you are participating in the current National Resident Matching Program (NRMP) Main Residency Match in the U.S. (see the [Main Residency Match Applicant Agreement for more information](#))

\*Are you registered in the current NRMP Main Residency Match? ☒ Yes ☐ No

As noted in the applicant contract, CarMS will share your personal information with NRMP. NRMP uses this information to map applicants who are in matches that occur in both Canada and the U.S. When CarMS sends personal information to NRMP, that information will be stored outside of Canada.

AAMC ID:

NRMP ID:

**CONFIRM** **CLOSE**

Figure 6.3

- 2.** If you have not completed all mandatory sections in your application or if your Declaration has not been filled, you cannot select programs. A red notice bar will indicate any incomplete sections.
- 3.** Click **View « My Information » Summary** to view a summary of your information.
- 4.** Click on **Select Programs** to proceed to program selection.

**Program Selection / Payment**

You can apply for four (4) programs without charge. Additional program selections will be charged a non-refundable rate of \$28.50 each.

Note: Applications submitted after **November 22, 2013 16:00 EDT** will be considered late.

Not all programs accept late applications. Refer to [program descriptions](#) for details.

**Selected Programs - Unpaid** **Add Programs** **1**

| Program Name              | Approximate Quota | Language |
|---------------------------|-------------------|----------|
| No matching records found |                   |          |

Showing 0 to 0 of 0 entries

**APPLY** **Close**

Figure 6.4

1. Click on **Add Programs** to add a program. Search for programs and add them to your list.

**Program Addition**

Click on a program to select it.

School: **All**

Program: **All** **2**

**SEARCH** **3**

Search:

| Program Name              | Language |
|---------------------------|----------|
| No matching records found |          |

Showing 0 to 0 of 0 entries

**Close**

Figure 6.5

2. Search by School or Discipline.

**Note:** You cannot search by school and program at the same time.

3. Select a school or discipline and click **SEARCH** to continue.

**Program Addition**

Click on a program to select it.

School: **Dalhousie University**

Program: **All**

**SEARCH**

Search:

| Program Name   | Language |
|--|----------|
| Dalhousie University / Family Medicine / Prince Edward Island - IMG Stream | English  |
| Dalhousie University / Family Medicine / Saint John - IMG Stream           | English  |
| Dalhousie University / Family Medicine / Sydney - IMG Stream               | English  |

Showing 1 to 3 of 3 entries

**Close**

Figure 6.6

4. Click on the program to add it to your list.

Program Selection / Payment


You can apply for four (4) programs without charge. Additional program selections will be charged a non-refundable rate of **\$28.50** each.

Note: Applications submitted after **November 22, 2013 16:00 EDT** will be considered late.

Not all programs accept late applications. Refer to [program descriptions](#) for details.

Selected Programs - Unpaid

Add Programs

| Program Name   | Approximate Quota | Language |   |
|--|-------------------|----------|---|
| Dalhousie University / Family Medicine / Saint John - IMG Stream | 1                 | English  |  |

Showing 1 to 1 of 1 entries

APPLY

Close

Figure 6.7

5. Remove a program from your list by clicking on the trash can icon on the right.

6. Click **APPLY** to apply to programs.

The program will be added to the list of programs you have applied to. Applying to a program does not mean the program can see your application. You must submit your application to the program. Applications are only viewable to programs when file review opens on November 25th.

**Note:** Four programs are included in your registration fee. You will be charged \$28.50 + applicable taxes for each additional program to which you apply. If you withdraw your application from a program, you will be given a “credit” towards an alternative program selection. Note that this is not a refund and will not appear in your payment history.

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Applications to Programs




Applications submitted after **November 22, 2013 16:00 EDT** may not be considered by some programs. Refer to [program descriptions](#) for details.

You have confirmed your NRMP participation status. ([Edit](#))

[Summary of Application Rules](#)

Applications

Select Programs

| Program Name   | Application Language | Status        | Submission Date | Date Assigned | Actions   |
|--|----------------------|---------------|-----------------|---------------|---|
| Dalhousie University / Family Medicine / Saint John - IMG Stream | English              | NOT SUBMITTED |                 |               |    |

Showing 1 to 1 of 1 entries

Figure 6.8



## 6.2.2-Document Assignment

Assign documents to your application. You can modify your application until November 22<sup>nd</sup>. You can assign and withdraw documents at any time before November 22<sup>nd</sup>. After file review begins (November 25<sup>th</sup>), you cannot withdraw documents submitted to programs. You may continue to assign documents to programs after file review begins; however all documents will be dated.

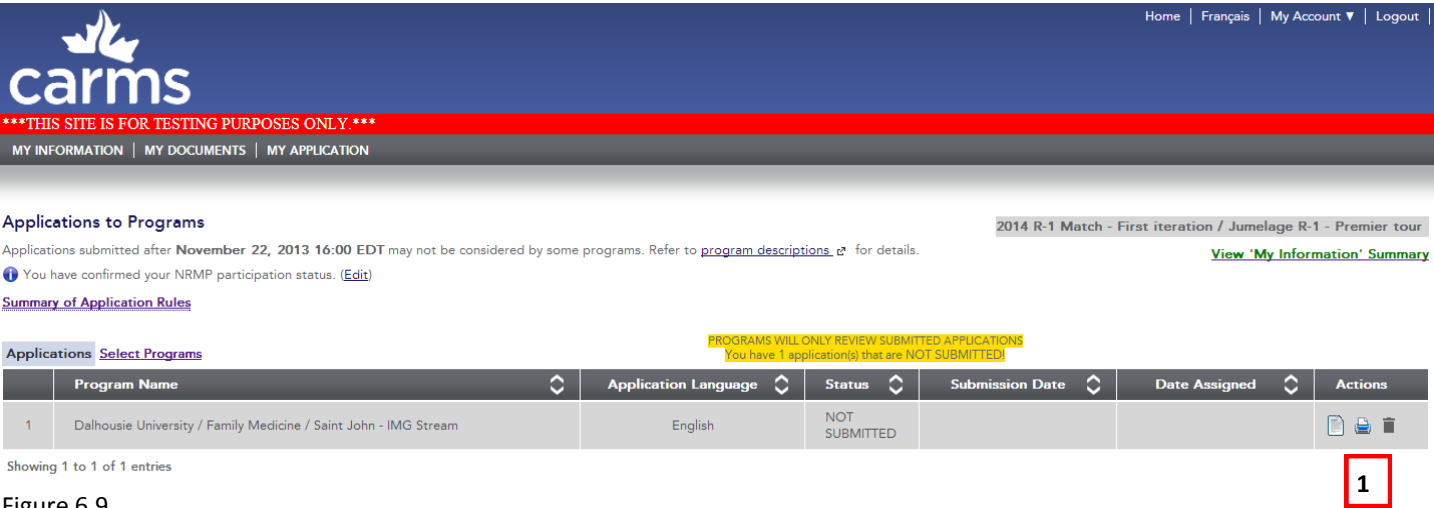





Figure 6.9

- Three icons appear in the **Actions** column:
  -  Page icon allows you to assign documents to the program;
  -  Printer icon allows you to print your application; and
  -  Trash icon will allows you to withdraw your application to the program.

Click on the page icon.

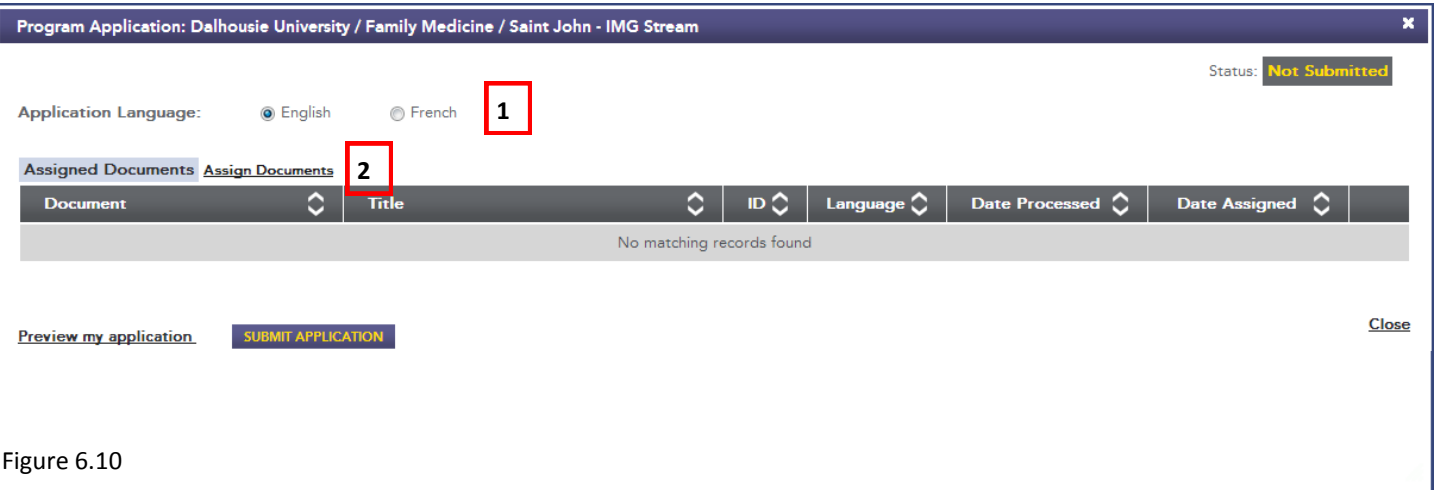


Figure 6.10

- Indicate the Language of your application. The documents you assign to the program should reflect the language you have selected.
- Click **Assign documents** to assign documents to the program.

Review the list of documents you have in your **Document Tracking** section. Select the documents you wish to assign. Click on a document to automatically assign it to the program.

Document Assignment

Please note that dates and times displayed in CaRMS Online follow the Eastern Standard Time (EST) standard.

Click on a row to select a document.

Search:

| Type                               | Document   | Language  | Date Processed          |
|------------------------------------|--|-----------|-------------------------|
| Medical School Transcript          | Medical Transcript   | English   |                         |
| Medical School Transcript          | Medical Transcript   | French    |                         |
| Personal Letter                    | General/Générale 2   | English   | 2013-10-10 20:00:00 EDT |
| Letter of Reference                | RR id: NSKXBYKZ - Letter of Reference - Mrs. Ernesto Gaya, French                    | French    |                         |
| Letter of Reference                | RR id: FHTKBWVU - Letter of Reference - Dr. Tadre Colmar, French                     | French    |                         |
| Personal Letter                    | General/Générale 2   | English   | 2013-10-10 20:00:00 EDT |
| Letter of Reference                | Code DR: ZSVRMZQQ - Formulaire d'appui au candidat - Dr(e) Padron Hernandez, Anglais | English   | 2013-10-09 16:50:07 EDT |
| Letter of Reference                | RR id: NETKLTZA - Applicant Support Form - Mr. Yamano Lee, English                   | English   |                         |
| Letter of Reference                | RR id: LYVGAPBA - Letter of Reference - Mrs. Renée Bustamante, French                | French    |                         |
| Medical Student Performance Record | MSPR   | French    |                         |
| Custom Résumé / CV                 | CV 2013  | Bilingual | 2013-10-07 20:00:00 EDT |
| Medical Student Performance Record | MSPR   | English   |                         |

Close







Figure 6.11

Program Application: Dalhousie University / Family Medicine / Saint John - IMG Stream

Status: **Not Submitted**

Application Language: ☒ English ☐ French

Assigned Documents [Assign Documents](#)

| Document                           | Title  | ID     | Language  | Date Processed         | Date Assigned           |   |
|------------------------------------|--|--------|-----------|------------------------|-------------------------|---|
| Medical School Transcript          | Medical Transcript   | 381016 | English   |                        | 2013-10-18 13:02:26.435 |  |
| Personal Letter                    | General/Générale 2   | 381098 | English   | 2013-10-11 00:00:00.0  | 2013-10-18 13:02:00.96  |  |
| Letter of Reference                | Code DR: ZSVRMZQQ - Formulaire d'appui au candidat - Dr(e) Padron Hernandez, Anglais | 381022 | English   | 2013-10-09 20:50:07.81 | 2013-10-18 13:01:58.708 |  |
| Letter of Reference                | RR id: NETKLTZA - Applicant Support Form - Mr. Yamano Lee, English                   | 381024 | English   |                        | 2013-10-18 13:01:55.322 |  |
| Custom Résumé / CV                 | CV 2013  | 381026 | Bilingual | 2013-10-08 00:00:00.0  | 2013-10-18 13:01:53.433 |  |
| Medical Student Performance Record | MSPR   | 381018 | English   |                        | 2013-10-18 13:02:15.936 |  |

[Preview my application](#)
[SUBMIT APPLICATION](#)

Close

Figure 6.12


- Click on the trash icon on the right to delete the document.
- Click on **Preview my application** to view your application.
- Review your application and click on **SUBMIT APPLICATION** to submit.

## Applications to Programs

2014 R-1 Match - First iteration / Jumelage R-1 - Premier tour

Applications submitted after **November 22, 2013 16:00 EDT** may not be considered by some programs. Refer to [program descriptions](#) for details.

[View 'My Information' Summary](#)

 You have confirmed your NRMP participation status. ([Edit](#))

[Summary of Application Rules](#)

| Applications <a href="#">Select Programs</a> |  | 1                    |           | 2                       |               |
|--|--|----------------------|-----------|-------------------------|---------------|
|  | Program Name   | Application Language | Status    | Submission Date         | Date Assigned |
| 1  | Dalhousie University / Family Medicine / Saint John - IMG Stream | English              | SUBMITTED | 2013-10-18 09:04:31 EDT |               |

Showing 1 to 1 of 1 entries

Figure 6.13

1. View the status of your application in the **Status** column.

{ **Note:** Programs will only have access to your information when file review begins on November 25th. }

2. Click on the trash icon to withdraw you application from a program once it has been submitted. Click on the page icon to add documents to your application.

{ **Note:** After file review begins (November 25<sup>th</sup>), you cannot withdraw documents submitted to programs. You may continue to assign documents to programs after file review begins; however all documents will be dated. }